FILED Jun 01, 1999 8:00 am Secretary of State 06-01-1999 90024 013 ****61.25

Katherine Harris Secretary of State **DIVISION OF CORPORATIONS**

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION

ANNUAL REPORT 1999

DOCUMENT # N9700002549

FILE NOW: FILING FEE IS \$61.25

1. Corporation Name LIGHTHOUSE CHRISTIAN CENTER OF MIAMI, INC.

Principal Place of Business 300 NE 62ND ST MIAMI FL 33138

US

Mailing Address

300 NE 62ND ST MIAMI FL 33138



| 2. 21 | Principal Place of Business | 2a. Mailing Address | | 3. Date Incorporated or Qualifed 05/06/1997 | | | | |
|----------|--------------------------------|---|--|--|-----------------------------------|--|--|--|
| -1 | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 4. FEI Number | Applied For | | | |
| 22 | | 27 | | 65-0758226 | Not Applicable | | | |
| 23 | City & State | City & State | | 5. Certifcate of Status Desired | \$8.75 Additional Fee Required | | | |
| 24 | Zip Country | | Country | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| 24 | 9. Name and Address of Current | 1 | 10. Name and Address of New Registered Agent | | | | | |
| | | | 81 Name | | | | | |
| 1 | FEITON MEIVIN R | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |

| FELTON, | MELVIN B |
|----------|----------|
| 8028 NW | 10TH CT |
| MIAMI FL | 33150 |

| 81 | Name | | |
|----|--|--------|----------|
| 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| 83 | | | |
| 84 | City | 85 | Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

| agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | |
|--|---|-----------|--------------------|---------------------------------|-------------|------------|--|
| SIGNATURE Molecular Tealton Melvin Felton (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| 12. | Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS | (HO1E: No | 13. | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTOR | RS IN 12 | |
| TITLE | | ☐ DELETE | 1.1 TITLE | | Change | Addition | |
| NAME | FELTON, WILLIE JR | | 1.2 NAME | | | ļ | |
| STREET ADDRESS | LINE AND COLUMN BOLL | | 1.3 STREET ADDRESS | | | l | |
| CITY-ST-ZIP | MIAMI FL 33167 | | 1.4 CiTY-ST-ZIP | | | | |
| TITLE | SD | ☐ DELETE | 2.1 TITLE | | Change | Addition | |
| NAME | WILLIAMS, CYNTHIA R | | 2.2 NAME | | | | |
| STREET ADORESS | 1327 NW 80TH STREET | | 2.3 STREET ADDRESS | | | 1 | |
| CITY-ST-ZIP | MIAMI FL 33147 | | 2.4 CITY-ST-ZIP | | | | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | | Change | Addition | |
| NAME | RICHBURG, DARRYL | | 3.2 NAME | | | Į. | |
| STREET ADORESS | 730 NW 76TH STREET | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL 33150 | | 3.4, CITY-ST-ZIP | | | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change | ☐ Addition | |
| NAME | FELTON, MELVIN B | | 4. 2 NAME | | | | |
| STREET ADDRESS | 8028 NW 10TH COURT | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL 33150 | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change | Addition | |
| NAME | | | 5.2 NAME | | | Í | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | - | |
| CITY-ST-ZIP | | | 5.4 C/TY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change | Addition | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |) | |
| | | | 64 CITY ST. 7IP | | | 1 | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address, with all other like empowered.

SIGNATURE: