2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002549

1. Entity Name

LIGHTHOUSE CHRISTIAN CENTER OF MIAMI, INC.

FILED
01 OCT 12 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0758226 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FELTON, WILLIE J JR. ~~14801 NW SOUTH DRIVE~~ MIAMI FL 33167	Name Street Address (P.O. Box Number is Not Acceptable): 14801 N.W. South River Dr. City: Miami FL Zip Code: 33167

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: WILLIE J. FELTON JR 9-9-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 After September 12, 2001, min. will be $236.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FELTON, WILLIE JR	NAME	800004649588--5
STREET ADDRESS	14801 NW SOUTH DRIVE	STREET ADDRESS	-10/23/01--01033--011
CITY-ST-ZIP	MIAMI FL 33167	CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, CYNTHIA R	NAME	
STREET ADDRESS	730 NW 76 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FELTON, KAREN S	NAME	
STREET ADDRESS	14801 NW 76 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33167	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FELTON, MELVIN B	NAME	
STREET ADDRESS	20741 NE 4TH CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KEPLER, LOUIS	NAME	
STREET ADDRESS	6791 NW 2 AVENUE 4	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JONES, CASSANDRA	NAME	
STREET ADDRESS	257 NE 141 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	CITY-ST-ZIP	

CR2E037 (5/01)

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12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE J. FELTON JR 9/9/01 305-757-6463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #