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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003321 (3)**

1. Corporation Name

LIGHTHOUSE OUTREACH MINISTRY, INC.

Principal Place of Business

Mailing Address

**961-C US HWY 90
DEFUNIAK SPRINGS FL 32435**

**P O BOX 456
DEFUNIAK SPRINGS FL 32435**

3. Date Incorporated or Qualified

06/09/1997

4. FEI Number

59-3449150

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2402 HWY 90 WEST

26 P.O. Box 456

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 DEFUNIAK SPRINGS, FL

28 DEFUNIAK SPRINGS, FL

Zip

Country

Zip

Country

24 32433

25 US

29 32435

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, MARK D
694 BALDWIN AVE
SUITE 3
DEFUNIAK SPRINGS FL 32433**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DS** ☐ DELETE

NAME **MCCORMICK, KATHALYN**

STREET ADDRESS **2402 HWY 90 W**

CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **DP** ☐ DELETE

NAME **MCCORMICK, JAMES E**

STREET ADDRESS **2402 HWY 90 W**

CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **DV** ☐ DELETE

NAME **MCCORMICK, JAMES E**

STREET ADDRESS **2402 HWY 90 W**

CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 an attachment with an address.

SIGNATURE: **Kathalyn McCormick** **KATHALYN McCormick** **4-22-98** **850-892-2320**

CR2E037 (10/97)