2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N97000006535

Entity Name: LIGHTHOUSE OUTREACH INTERNATIONAL, INC.

Current Principal Place of Business:

P.O. BOX 2120
CHIEFLAND, FL 32644

New Principal Place of Business:

103 N.E. 1ST ST.
CHIEFLAND, FL 32626

Current Mailing Address:

P.O. BOX 2120
CHIEFLAND, FL 32644

New Mailing Address:

FEI Number: 59-3477427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KEARNS, GEORGE
12255 N.W. HWY. 19
CHIEFLAND, FL 32626 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KEARNS, GEORGE
Address: P.O. BOX 2120 (NA)
City-St-Zip: CHIEFLAND, FL 32644

Title: D ( ) Delete
Name: KEARNS, CAROL
Address: P.O. BOX 2120 (NA)
City-St-Zip: CHIEFLAND, FL 32644

Title: DS ( ) Delete
Name: TURNER, JANE
Address: P. O. BOX 1471
City-St-Zip: CHIEFLAND, FL 32644

Title: D ( ) Delete
Name: LILES, STEVE
Address: P.O. BOX 2120 (NA)
City-St-Zip: CHIEFLAND, FL 32644

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE TURNER DS 04/24/2007

Electronic Signature of Signing Officer or Director — Date