## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9700006954

LIGHTHOUSE BAPTIST DEAF CHURCH CORP.

Principal Place of Business									
4807 MILE STRETCH ROAD HOLIDAY FL 34690									

2. Principal Place of Business

Mailing Address

8649 GREEN STREET PORT RICHEY FL 34668

2a. Mailing Address

26

## **FILED** May 03, 1999 8:00 am § Secretary of State

05-03-1999 90041 008 \*\*\*\*70.00



3. Date Incorporated or Qualifed

12/11/1997

City & State    City & State   City & State   City & State	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		Apr	lied For		
22   22   23   29   29   30   30   10   10   10   10   10   10	22		27			59-3452980		Not	Applicable		
28   28   29   20   20   20   20   20   20   20		e	<del></del>	City & State		E Contiferate of Chatter Desired	57	\$8.75 Additional			
Zip   Country   Zip   Country   Zip   Country   St. 100 May Be   Zis	28					5. Certificate of Status Desired	LLP	Fee Required			
9. Name and Address of Current Registered Agent  DARNELL, CARL 4807 MILE STRETICH ROAD HOLIDAY FL 34690  11. Pursuant to the provisions of Sections 817.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was submitted by the corporation's board of directors. I hereby accept the obligations of Sections 617.0502 and 617.1508, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CICY FL 85 ZIP Code  15. Florida Statutes.  SIGNATURE  16. DATE  17. DIRECTORS AND DIRECTORS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. NAME  NEDROW, PAUL  10. TITLE  10. DATE  11. STREET ADDRESS  10. TITLE  10. CALLS, ELEANOR  STREET ADDRESS  33. STREET ADDRESS  34. CICY ST. ZP  10. TITLE  10. CALLS, ELEANOR  34. CICY ST. ZP  10. TITLE  10. CALLS, ELEANOR  35. STREET ADDRESS		Country	Zip	Coun	itry	6. Election Campaign Financing		\$5.00	May Be		
9. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83   Name  84 City   L   85   Zip Code  85   City   L   85   Zip Code  86   City   L   85   Zip Code  87   City   L   85   Zip Code  88   City   L   85   Zip Code  89   City   L   85   Zip Code  80   C	24	25 29 30			Trust Fund Contribution Added to F						
DARNELL, CARL 4807 MILE STRETCH ROAD HOLIDAY FL 34690  83  84 City FL 85 Zip Code  T1. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation aubmits this statement for the purpose of changing its registered agent. I am armillar with, and accept the obligations of Section 17,0502 and 617,1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida's Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am armillar with, and accept the obligations of Section 17,0503, Florida Statutes.  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's board of directors. I hereby accept the appointment as registered office or registered agent. I am armillar with, and accept the obligations of Section 17,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered addition of the corporation's board of directors. I hereby accept the appointment as registered office or registered addition of the corporation's board of directors. I hereby accept the appointment as registered or accept the purpose of changing its registered office of the corporation's board of directors. I hereby accept the appointment as registered or accept the appointment as registered office or registered or accept the appointment as registered or accept the accept the corporation abomits this statutes. The purpose of changing its registered office of the corporation abomits this statutes. The purpose of changing its registered or accept the accept the accept the accept the accept the accept the acc		9. Name and Address of Current I			10. Name and Address of New Re	gistered	Agent		,		
#807 MILE STREICH ROAD HOUDAY FL 34690  #83  #84 City FL 85 Zip Code  T1. 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.  ### CITY					81 Name					1	
#807 MILE STREICH ROAD HOUDAY FL 34690  #83  #84 City FL 85 Zip Code  T1. 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.  ### CITY	DARNELL CARL				82 Street Addr	Address (P.O. Box Number is Not Acceptable)					
HOLIDAY FL 34690    84   City	· · · · · · · · · · · · · · · · · · ·				Suddi Addiess (F.O. DOX Number is 1400 Acceptable)						
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 Findra. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and accept the obligations of, Section 617.0502 Florida Statutes.  SIGNATURE  Signature, typed or privated reams of registered agent and tiss if application.  OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  NAME  ID   DELETE   11 TITLE   Change   Addition    NEDROW, PAUL   1.5 TITLE   Change   Addition    NEDROW, PAUL   1.5 TITLE   Change   Addition    NAME   NEDROW, BRANDY   22 MME    STREET ADDRESS   CHANGES   Change   Addition    NAME   NEDROW, BRANDY   22 MME    STREET ADDRESS   CHANGES   Change   Addition    TITLE   T   Change   Addition    NAME   CAPILIS, ELEANOR   3.3 STREET ADDRESS    STREET ADDRESS   CHANGES   Change   Addition    NAME   CAPILIS, ELEANOR   3.3 STREET ADDRESS    STREET ADDRESS   CHANGES   Change   Addition    NEW PORT RICHEY FL 34652   Change   Addition    NEW PORT RICHEY FL 34655   Change   Addition    NEW PORT RICHEY FL 34655   Change   Addition    NAME   STREET ADDRESS   Change   Addition    STREET ADDRESS   CHANGES   Change   Addition    NAME   STREET ADDRESS   Change   Addition    STREET ADDRESS   Change   Change   Addition    STREET ADDRESS   Change   Change   Addition    STREET ADDRES					83						
1. 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	11900111	12 3 1000		-	Ba City			DE Zin C	ode .	ı	
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, and accept the obligations of, Section 617/9503, Pickide Statutes.  SIGNATURE    Signature, typed or protect means of registered agent and title if applicable.   Pickide Statutes.   P					City		FL	103 ZIP C	oue	ł	
SIGNATURE  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12  TITLE   D   DELETE   11 TITLE   DELETE   12 NAME   12 NAME   12 NAME   14 CITY-ST-2P   11011 ROLLINGWOOD DRIVE   12 STREET ADDRESS   14 CITY-ST-2P   11011 ROLLINGWOOD DRIVE   12 STREET ADDRESS   11011 ROLLINGWOOD DRIVE   12 NAME   11011 ROLLINGWOOD DRIVE   11011 ROLLINGWOOD DRIVE   12 NAME   11011 ROLLINGWOOD DRIVE   12 NAME   11011 ROLLINGWOOD DRIVE   12 NAME   11011 ROLLINGWOOD DRIVE   11011 ROLLINGWOOD ROLLINGWOOD ROLLINGWOOD ROLLINGWOOD ROLLINGWOOD ROLLINGWOOD ROLLINGWOOD ROLLINGWOOD R	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										
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Signature, typed or printed seam of registered agent and tits of applications. (NOTE: Registered Agent age											
TITLE D Change Addition STREET ADDRESS CITY-ST-ZIP PORT RICHEY FL 34658	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
NEDROW, PAUL STREET ADDRESS 11011 ROLLINGWOOD DRIVE 13 STREET ADDRESS 11011 ROLLINGWOOD DRIVE 13 STREET ADDRESS 11011 ROLLINGWOOD DRIVE 14 CTTY-ST-ZP TITLE S NEDROW, BRANDY 22 NAME STREET ADDRESS 11011 ROLLINGWOOD DRIVE 23 STREET ADDRESS 11011 ROLLINGWOOD DRIVE 24 CTTY-ST-ZP 11011 ROLLINGWOOD DRIVE 25 NAME 27 CTTY-ST-ZP 1011 ROLLINGWOOD DRIVE 26 STREET ADDRESS 17 ST-ZP 1011 ROLLINGWOOD DRIVE 27 NAME 27 NA	12.	12. OFFICERS AND DIRECTORS 1				ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECTO	RS IN 12	5	
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CITY-ST-ZIP PORT RICHEY FL 34688	STREET ADDRESS			2.3 STR	REET ADDRESS	•					
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	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										

nionated on this armust report or suppremental armust 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, with all other like empowered.

SIGNATURE:

4-28-79 127-863-1577