

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

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

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1. Corporation Name

LIGHTHOUSE BAPTIST DEAF CHURCH CORP.

Principal Place of Business
4807 MILE STRETCH ROAD
HOLIDAY FL 34690

Mailing Address
8649 GREEN STREET
PORT RICHEY FL 34668



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

12/11/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3452980

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DARNELL, CARL
4807 MILE STRETCH ROAD
HOLIDAY FL 34690

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 D ☐ DELETE
NAME NEDROW, PAUL
STREET ADDRESS 11011 ROLLINGWOOD DRIVE
CITY-ST-ZIP PORT RICHEY FL 34668

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME NEDROW, BRANDY
STREET ADDRESS 11011 ROLLINGWOOD DRIVE
CITY-ST-ZIP PORT RICHEY FL 34668

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME CAPLIS, ELEANOR
STREET ADDRESS 3535 BEDFORD STREET
CITY-ST-ZIP NEW PORT RICHEY FL 34652

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T1 ☐ DELETE
NAME GILLIAM, HAROLD
STREET ADDRESS 7742 ARLINGTON DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34655

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T2 ☐ DELETE
NAME ANGELBECK, ARTHUR
STREET ADDRESS 3003 STILLWELL CIRCLE
CITY-ST-ZIP NEW PORT RICHEY FL 34655 *deceased*

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-28-99

121-863-1577

CR2E037 (11/98)