

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # N97000007010

1. Entity Name

LIGHTHOUSE BEACON OF LOVE INC.



02-05-2007 90134 001 \*\*\*\*61.25

02-05-2007 90134 002 \*\*\*\*\*5.00

Principal Place of Business  
2533 RAILROAD AVE  
WESTVILLE FL 32464

Mailing Address  
1659 HWY 90  
WESTVILLE FL 32464



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number  
AP-PLIED FOR  
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

SASNETT, DELORES REV  
1956 HWY 90  
WESTVILLE FL 32464

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SASNETT, DELORES REV	
STREET ADDRESS	1956 HWY 90	
CITY - ST - ZIP	WESTVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRIGHT, EDNA REV	
STREET ADDRESS	827 N CARRY VILLE RD	
CITY - ST - ZIP	BONIFAY FL 32425	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KIRKLAND, JUANITA	
STREET ADDRESS	1956 HWY 90	
CITY - ST - ZIP	WESTVILLE FL 32464	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELORES SASNETT	
STREET ADDRESS	1956 HWY 90	
CITY - ST - ZIP	Westville FLA 32464	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDNA BRIGHT	
STREET ADDRESS	827 N CAREYVILLE RD	
CITY - ST - ZIP	BONIFAY FL. 32425	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHN J SASNETT	
STREET ADDRESS	1948 HWY 90	
CITY - ST - ZIP	Westville FLA 32464	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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 *Rev Delores Sasnett* REV DELORES SASNETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-07 850-548-5976