

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007146

1. Entity Name

LIGHTHOUSE CHRISTIAN FELLOWSHIP OF CHURCHES, INC

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90011 014 ****61.25

Principal Place of Business

Mailing Address

3916 E. HILLSBOROUGH AVENUE
TAMPA FL 33610

3916 E. HILLSBOROUGH AVENUE
TAMPA FL 33610-4542

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3492390

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JONES, KNOVACK G
18590 NW 67TH AVE., #201
MIAMI FL 33015

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.

SIGNATURE

Archbishop Willie Bolke

2-16-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOLDEN, WILLIE	
STREET ADDRESS	P.O. BOX 11907 N/A	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOLDEN, MELVIN	
STREET ADDRESS	P.O. BOX 10356 N/A	
CITY-ST-ZIP	FT. WAYNE IN	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAVORGNA, ROBERT	
STREET ADDRESS	P.O. BOX 4097 N/A	
CITY-ST-ZIP	BRICK NJ	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROBBINS, DICKIE	
STREET ADDRESS	P.O. BOX 33	
CITY-ST-ZIP	CHESTER PA 19016	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOTEN, RONALD	
STREET ADDRESS	800 49TH STREET SOUTH	
CITY-ST-ZIP	ST. PETE FL 33712	
TITLE		<input type="checkbox"/> Delete
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
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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 exemption stated in Section 119.07(3)(i), 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:

Archbishop Willie Bolke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-00

(813) 231-7129

Date

Daytime Phone #

CR2E037 (9/99)