

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91355 049 *****70.00

DOCUMENT # N97000007146

1. Entity Name

LIGHTHOUSE CHRISTIAN FELLOWSHIP OF CHURCHES, INC

Principal Place of Business

Mailing Address

**3916 E. HILLSBOROUGH AVENUE
TAMPA FL 33610**

**3916 E. HILLSBOROUGH AVENUE
TAMPA FL 33610**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3492390

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

**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

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	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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Willie Bolden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 (813) 983-1830

CR2E037 (10/00)