

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 15, 2000 8:00 am**
Secretary of State

09-15-2000 90006 015 ****70.00

DOCUMENT # N98000000475

1. Entity Name

LIGHTHOUSE CHRISTIAN MINISTRIES, INC.**(R)**

00086236



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P O BOX 904
PORT RICHEY FLP O BOX 904
PORT RICHEY FL

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

59-3558937

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BOYD, MARGARET
7030 SANDALWOOD DR
PORT RICHEY FL 34668

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**After September 13, 2000 min. will be \$236.25**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD BOYD, W D 7030 SANDALWOOD DR PORT RICHEY FL 34668	<input type="checkbox"/>		<input type="checkbox"/>
VPD BOYD, MARGARET 7030 SANDALWOOD DR PORT RICHEY FL 34668	<input type="checkbox"/>		<input type="checkbox"/>
SD HUFFORD, VALERIE 7030 SANDALWOOD DR PORT RICHEY FL 34668	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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: *Margaret Boyd, Vice President* **MARGARET BOYD** 8-30-2000 727 8474798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)