

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90616 004 ****61.25

DOCUMENT # N98000006003

1. Entity Name

THE LIGHTHOUSE OF THE LORD, INC.

Principal Place of Business

Mailing Address

2220 NW 41 TERRACE
 COCONUT CREEK FL 33066

2220 NW 41 TERRACE
 COCONUT CREEK FL 33066

2. Principal Place of Business

13000 Hwy 20 West

Suite, Apt. #, etc.

3. Mailing Address

13000 Hwy 20 West

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Freeport FL

City & State

Freeport FL

4. FEI Number

65-0873093

Applied For

Not Applicable

Zip

32439

Country

US

Zip

32439

Country

US

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

WILLIAMS, CLAUDIA

**2771 N.E. 58TH ST
 FT LAUDERDALE FL 33308**

Name

Claudia Williams

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

13000 Hwy 20 West

City

Freeport FL

FL

Zip Code

32439

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 **CLAUDIA WILLIAMS**

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

Claudia Williams

(NOTE: Registered Agent signature required when reinstating)

4-22-02

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 **DP** ☒ Delete
 NAME **WILLIAMS, MICHAEL A**
 STREET ADDRESS **2771 NE 58 ST.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **DP** ☒ Change ☐ Addition
 NAME **CLAUDIA WILLIAMS**
 STREET ADDRESS **13000 HWY 20 WEST**
 CITY-ST-ZIP **FREEPORT, FL 32439**

TITLE **DV** ☒ Delete
 NAME **LINDA, MARIA**
 STREET ADDRESS **2220 NW 41 TERRACE**
 CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE **DV** ☒ Change ☐ Addition
 NAME **JORGE GOZMAN**
 STREET ADDRESS **13000 HWY 20 WEST**
 CITY-ST-ZIP **FREEPORT FL 32439**

TITLE **DST** ☒ Delete
 NAME **WILLIAMS, CLAUDIA**
 STREET ADDRESS **2771 NE 58 ST.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **DST** ☒ Change ☐ Addition
 NAME **PERLA J. GOMEZ**
 STREET ADDRESS **13000 HWY 20 WEST**
 CITY-ST-ZIP **FREEPORT FL 32439**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **CLAUDIA WILLIAMS** **Claudia Williams** **4-22-02** **850-8972752**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)