FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90450 001 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000006003

1. Entity Name
THE LIGHTHOUSE OF THE LORD, INC.

24073304

Principal Place of Business	Mailing Address
13000 HWY 20 WEST FREEPORT, FL 32439	13000 HWY 20 WEST FREEPORT, FL 32439

05062004 Chg-NP CR2E037 (10/03)

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 59-3756826 ☐ 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
WILLIAMS, CLAUDIA 13000 HWY 20 WEST FREEPORT, FL 32439	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 reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MARTINEZ, SERGIO 861 FIGEROA PL #26 HOLTVILLE, CA 92250	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President CLAUDIA WILLIAMS 13000 Hwy 20 West Freeport, FL 32439	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP HERNANDEZ, IRMA 3142 REIS RD LAUREL HILL, FL 32567	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President ELISSA GRANDE 2220 NW 41 Ter Coconut Creek, FL 33066	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST PORTUGAL, MARIA 4498 TICK HAVEN LINE CRESTVIEW, FL 32539	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec.- Treas. SYLVIA PORTUGAL 1005 Napoles St. NW Crestview, FL 32536	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, CLAUDIA 13000 HWY 20 W FREEPORT, FL 32439	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Sylvia Portugal SEC.-TREAS. SYLVIA PORTUGAL 5-6-04