

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90023 009 \*\*\*\*65.25

**DOCUMENT # N98000006003**

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



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

Mailing Address  
**13000 HWY 20 WEST  
FREEPORT, FL 32439**

**50015543**



01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3756826**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WILLIAMS, CLAUDIA  
13000 HWY 20 WEST  
FREEPORT, FL 32439**

**DO NOT WRITE  
IN THIS SPACE**

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

*Claudia Williams*

*2-12-05*

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 May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WILLIAMS, CLAUDIA
STREET ADDRESS	13000 HWY 20 W
CITY - ST - ZIP	FREEPORT, FL 32439
TITLE	V
NAME	GRANDE, ELISSA
STREET ADDRESS	2220 NW 41 TERR.
CITY - ST - ZIP	COCONUT CREEK, FL 33066
TITLE	ST
NAME	PORTUGAL, SYLVIA
STREET ADDRESS	1005 MAPOLES ST. NW
CITY - ST - ZIP	CRESTVIEW, FL 32536
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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  
President**

*2-12-05* *850)897-2752*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #