


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000006003 1. Entity Name THE LIGHTHOUSE OF THE LORD, INC.	
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Principal Place of Business 13000 HWY 20 WEST FREEPORT, FL 32439	Mailing Address 13000 HWY 20 WEST FREEPORT, FL 32439
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DO NOT WRITE IN THIS SPACE



07192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3756826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAMS, CLAUDIA 13000 HWY 20 WEST FREEPORT, FL 32439

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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 (NOTE: Registered Agent signature required when reinstating) DATE 7-18-07

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 7-18-07 850) 897-2752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR