FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90816 001 ****61.25
04-14-2003 90816 002 *****8.75

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006003

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

[redacted]

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

X CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3756826 ~~65-0873093~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X $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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW: FEE IS $61.25

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 WILLIAMS, CLAUDIA 13000 HWY 20 WEST FREEPORT, FL 32439	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Sergio Martinez 861 Figeroa Pl. #26 Holville Ca 92250	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GOZMAN, JORGE 13000 HWY 20 WEST FREEPORT, FL 32439	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Irma Hernandez 3142 Reis Rd. Laurel Hill Florida 32567	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST GOMEZ, PERLA J 13000 HWY 20 WEST FREEPORT, FL 32439	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSec/Treas Maria Portugal 4498 Tick Haven Line Crestview Florida 32539	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Claudia Williams 13000 Hwy 20 W Freeport Florida 32439	☐ 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

CR2E037 (10/02)

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 Director 4-01-03 850-897-2752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #