

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007105

1. Entity Name

LIGHTHOUSE COMMUNITY DEVELOPMENT, INC.

Principal Place of Business

300 NE 62 STREET
MIAMI FL 33168

Mailing Address

300 NE 62 STREET
MIAMI FL 33168

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

65-0882233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELTON, WILLIE J JR.
300 NE 62 STREET
MIAMI FL 33168

7. Name and Address of New Registered Agent

Name

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

City

MIAMI

FL

Zip Code

33138

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	FELTON, WILLIE J JR.	
STREET ADDRESS	300 NE 62 STREET	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FELTON, KAREN S	
STREET ADDRESS	14801 S RIVER DRIVE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, CASSANDRA	
STREET ADDRESS	257 NE 141ST STREET	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEPLER, LOUIS	
STREET ADDRESS	6791 NW 2ND AVENUE, #4	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANZ, FEQUIERE	
STREET ADDRESS	217 NE 199TH LANE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

WILLIE J. FELTON JR 9/9/01 305-681-8818

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90005 014 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)