

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # N99000000729

1. Entity Name

LIGHTHEART MINISTRIES, INC.

**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90093 032 \*\*\*\*61.25

Principal Place of Business

4250 A1A SOUTH, B-26  
ST. AUGUSTINE FL 32084

Mailing Address

4250 A1A SOUTH, B-26  
ST. AUGUSTINE FL 32084-7431

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 **59-3560046**

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

**RICH, LYNNE**  
**6300 A1A S. A-9, 2U**  
**ST. AUGUSTINE FL 32084**

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.

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **Rev. Lynne Rich, D. Div.**  
STREET ADDRESS **LightHeart Ministries, Inc.**  
CITY-ST-ZIP **4250 A1A S., B-26**  
**Saint Augustine, FL 32084**

☐ Change ☐ Addition

TITLE **D** ☐ Delete  
NAME **Debbie Deke**  
STREET ADDRESS **111 Harlem Rd.**  
CITY-ST-ZIP **W. Seneca N.Y. 14224**

☐ Change ☐ Addition

TITLE **D** ☐ Delete  
NAME **Paul Chase**  
STREET ADDRESS **4250 A1A S. B26**  
CITY-ST-ZIP **Saint Augustine, FL 32084**

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
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:

**Rev. Lynne Rich, D. Div.** LightHeart Ministries, Inc. 904-461-5644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 April 2000 Date

Daytime Phone #

CR2E037 (9/99)