

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000002191 1. Entity Name LIGHTHOUSE CHURCH OF JESUS CHRIST OF THE APOSTOLIC FAITH, INC.	
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Principal Place of Business 13224 JACKSON LARGO, FL 33740	Mailing Address PO BOX 93 LARGO, FL 33779
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DO NOT WRITE IN THIS SPACE



03262006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2566326	Applied For Not Applicable
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAFRAY, WARREN T
615 TURNER STREET
CLEARWATER, FL 33756

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000483099 04/11/06-80104-001 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SWINTON, WILLIE 1482 WASHINGTON AVE S CLEARWATER, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCCRAY, EMERSON 1132 HARRIS LN CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HARRIS, WILLIE 13224 JACKSON LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWINTON, SAM SR 13224 JACKSON LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, OLIN 13224 JACKSON LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RALIEGH 13224 JACKSON LARGO, FL 33774

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IN THIS SPACE**

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: Willie Swinton March 27, 2006 (727) 442-7707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #