

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003656

FILED
Mar 18, 2007
Secretary of State

Entity Name: LIGHTHOUSE MINISTRIES OF FAITH, INC.

Current Principal Place of Business:

4311 REDONDA LANE
NAPLES, FL 34119

New Principal Place of Business:

11198 CASTLEMAIN CIRCLE WEST
JACKSONVILLE, FL 32256

Current Mailing Address:

PO BOX 110366
NAPLES, FL 34108

New Mailing Address:

P.O. BOX 551698
JACKSONVILLE, FL 32255

FEI Number: 59-3583067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PINTER, MICHAEL R
4328 CORPORATE SQUARE, STE. C
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCKAY, THOMAS G
Address: PO BOX 110366
City-St-Zip: NAPLES, FL 34108

Title: TSVP () Delete
Name: MCKAY, EILEEN C
Address: PO BOX 110366
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: MCINTIRE, VIRGINIA
Address: PO BOX 737
City-St-Zip: HAMPSTEAD, MD 21074

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCKAY, THOMAS G
Address: PO BOX 551698
City-St-Zip: JACKSONVILLE, FL 32255

Title: TSVP (X) Change () Addition
Name: MCKAY, EILEEN C
Address: PO BOX 551698
City-St-Zip: JACKSONVILLE, FL 32255

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS G. MCKAY

PD

03/18/2007

Electronic Signature of Signing Officer or Director

Date