

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003656

FILED
Apr 13, 2008
Secretary of State

Entity Name: LIGHTHOUSE MINISTRIES OF FAITH, INC.

Current Principal Place of Business:

11198 CASTLEMAIN CIRCLE WEST
JACKSONVILLE, FL 32256

New Principal Place of Business:

307 PHEASANT RUN
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

P.O. BOX 551698
JACKSONVILLE, FL 32255

New Mailing Address:

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 551698
City-St-Zip: JACKSONVILLE, FL 32255

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/13/2008

Electronic Signature of Signing Officer or Director

Date