


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000003763	
1. Entity Name THE LIGHTHOUSE MINISTRIES OF OUR LORD JESUS CHRIST, INC.	

Principal Place of Business 5801 TROUBLE CREEK RD. NEW PORT RICHEY FL 34652	Mailing Address 5801 TROUBLE CREEK RD. NEW PORT RICHEY FL 34652
--	--



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-3581952		Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--	---

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SYKES, ONELL 5801 TROUBLE CREEK RD. NEW PORT RICHEY FL 34652	
7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent

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 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DP	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SYKES, THURMAN		NAME	
STREET ADDRESS 5801 TROUBLE CREEK RD.		STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL 34652		CITY-ST-ZIP	
TITLE DV	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SYKES, ONELL		NAME	
STREET ADDRESS 5801 TROUBLE CREEK RD		STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL 34652		CITY-ST-ZIP	
TITLE DCT	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAWSON, MARY LOU		NAME	
STREET ADDRESS 5801 TROUBLE CREEK RD		STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL 34652		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GALLION, MARY		NAME	
STREET ADDRESS 5801 TROUBLE CREEK RD		STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL 34652		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHIPMAN, GENE		NAME	
STREET ADDRESS 5801 TROUBLE CREEK RD		STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL 34652		CITY-ST-ZIP	
TITLE C	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEON, SYKES		NAME	
STREET ADDRESS 5801 TROUBLE CREEK RD		STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL 34652		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Onell Sykes* *Onell Sykes* *4/24/07 727-843-0512*