

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004621

1. Entity Name

OPERATION LIGHTHOUSE MINISTRIES, INC.

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90040 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

112 S. BROWN AVE.  
TITUSVILLE FL 32796

P.O. BOX 6687  
TITUSVILLE FL 32782

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3596043

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MILLSAPS, VIRGINIA  
112 S. BROWN AVE.  
TITUSVILLE FL 32796

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 SD ☐ Delete  
NAME DULANEY, DEBORAH A  
STREET ADDRESS 20 N. HILLTOP DRIVE  
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME MILLSAPS, THOMAS E  
STREET ADDRESS 1245 SHARON DRIVE  
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE PTD ☒ Change ☐ Addition  
NAME MILLSAPS, THOMAS C  
STREET ADDRESS 1245 SHARON DRIVE  
CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE D ☒ Delete  
NAME BENNETT, GEORGE JR  
STREET ADDRESS 116 S BROWN AVENUE  
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE D ☐ Change ☒ Addition  
NAME MILLSAPS, VIRGINIA  
STREET ADDRESS 1245 SHARON DRIVE  
CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Change ☒ Addition  
NAME STEWART, MARY E.  
STREET ADDRESS 3484 WEST MAIN ST.  
CITY-ST-ZIP MIMS, FL 32754

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME McSWAIN, CHARLES E  
STREET ADDRESS 4455 GRAY AVE.  
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Thomas C. Millsaps, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02  
Date

321-264-4250  
Daytime Phone #

CR2E037 (9/01)