



2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90065 033 \*\*\*\*61.25

<b>DOCUMENT # N99000004621</b> 1. Entity Name <b>OPERATION LIGHTHOUSE MINISTRIES, INC.</b>					
Principal Place of Business <b>112 S. BROWN AVE. TITUSVILLE, FL 32796</b>				Mailing Address <b>P.O. BOX 6687 TITUSVILLE, FL 32782</b>	
2. Principal Place of Business <b>1245 Sharon Drive</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>Titusville, FL</b>		City & State  		4. FEI Number <b>59-3596043</b>	
Zip <b>32796</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MILLSAPS, VIRGINIA 112 S. BROWN AVE. TITUSVILLE, FL 32796</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1245 Sharon Drive</b> City <b>Titusville FL 32796</b>	
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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSS, STEPHEN A <input checked="" type="checkbox"/> Delete 1993 DIPOL COURTWAY TITUSVILLE, FL 327802611				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCSWAIN, CHARLES E <input type="checkbox"/> Delete 4455 GRAY AVE. TITUSVILLE, FL 32780				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MILLSAPS, THOMAS C <input type="checkbox"/> Delete 1245 SHARON DRIVE TITUSVILLE, FL 32796				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stewart, Mary L <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3484 W. Main St. Mims, FL 32754				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE: Thomas C. Millsaps, President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>Mar. 30, 2004 321-267-9334</b> <small>Date Daytime Phone #</small>	