

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 18, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N99000004621**

1. Entity Name  
**OPERATION LIGHTHOUSE MINISTRIES, INC.**



Principal Place of Business  
**1245 SHARON DRIVE  
TITUSVILLE, FL 32796 US**

Mailing Address  
**P.O. BOX 6687  
TITUSVILLE, FL 32782**



01032005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3596043**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MILLSAPS, VIRGINIA  
1245 SHARON DRIVE  
TITUSVILLE, FL 32796**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME STEWART, MARY L  
STREET ADDRESS 3484 W. MAIN ST.  
CITY-ST-ZIP MIMS, FL 32754

TITLE VD  
NAME MCSWAIN, CHARLES E  
STREET ADDRESS 4455 GRAY AVE.  
CITY-ST-ZIP TITUSVILLE, FL 32780

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11000000268810  
03/18/05-80059-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

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  
THOMAS C. MILLSAPS, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/16/05**

Date

**321-267-9334**

Daytime Phone #