

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004983

1. Entity Name

GOD'S LIGHTHOUSE MINISTRY, INC.

Principal Place of Business

1505 GEORGIA AVE.
PALM HARBOR FL 34683

Mailing Address

1505 GEORGIA AVE.
PALM HARBOR FL 34683-4530

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3596457

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZEILER, RONALD J
1505 GEORGIA AVE.
PALM HARBOR FL 34683

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.

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

TITLE NAME	PD ZEILER, RONALD J	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1505 GEORGIA AVE. PALM HARBOR FL 34683	
TITLE NAME	VPD ZEILER, JAYNE M	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1505 GEORGIA AVE. PALM HARBOR FL 34683	
TITLE NAME	SD WEINMEISTER, KATHLEEN Y	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1505 GEORGIA AVE. PALM HARBOR FL 34683	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	Secretary Weinmeister, Kathleen Y	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2208 Ponderosa Dr. Loveland, CO 80537	
TITLE NAME	Treasurer Lora Zeiler, Lora	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1505 Georgia Ave Palm Harbor, FL 34683	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Ronald J. Zeiler, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD J. ZEILER 4/25/00 (727) 786-7324

Date

Daytime Phone #

CR25037 (9/00)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90092 011 ****70.00



DO NOT WRITE IN THIS SPACE