

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

0060013

**DOCUMENT # N99000004983**

1. Entity Name

**GOD'S LIGHTHOUSE MINISTRY, INC.**



01-21-2003 90507 029 \*\*\*\*61.25

Principal Place of Business

**1505 GEORGIA AVE.  
PALM HARBOR FL 34683**

Mailing Address

**1505 GEORGIA AVE.  
PALM HARBOR FL 34683**

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 RONALD J. ZEILER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Ronald J. Zeiler*

*1/15/03*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	PD	<input type="checkbox"/> Delete
NAME	ZEILER, RONALD J	
STREET ADDRESS	1505 GEORGIA AVE.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ZEILER, JAYNE M	
STREET ADDRESS	1505 GEORGIA AVE.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZEILER, LERA	
STREET ADDRESS	1505 GEORGIA AVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZEILER, LORA	
STREET ADDRESS	1505 GEORGIA AVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZEILER, KATHLEEN	
STREET ADDRESS	1505 Georgia Ave	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEILER, LORA	
STREET ADDRESS	1857 Bough Ave #D	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*RONALD J. ZEILER*

Date

*1/15/03 (727) 786-7824*

CR2E037 (10/02)