

DOCUMENT # N99000005080

1. Entity Name

LIGHTHOUSE WORSHIP CENTER OF PORT ST. LUCIE, INC

Principal Place of Business

Mailing Address

8711 SOUTH U.S. HWY ONE
PORT ST. LUCIE FL 349528711 SOUTH U.S. HWY ONE
PORT ST. LUCIE FL 34952-3333

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **EIN 65-0945100****\$8.75** Additional
Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REDDEN, DWAIN
8711 SOUTH U.S. HWY ONE
PORT ST. LUCIE FL 34952

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B 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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	REDDEN, DWAIN	1489 SW GLASTONBERRY AVE. PORT ST. LUCIE FL 34953	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	REDDEN, WANDA	1489 SW GLASTONBERRY AVE. PORT ST. LUCIE FL 34953	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	PALM, DAVID	117 SE CAMINO ST. PORT ST. LUCIE FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D	PALM, DAVID	1401 SE BAYHARBOR ST. PORT ST. LUCIE, FL 34983
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-19-2000 90007 041 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

1/8/00 561-879-3286