

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**  
 02-02-2001 90281 027 \*\*\*\*61.25

**DOCUMENT # N99000005080**

1. Entity Name

**LIGHTHOUSE WORSHIP CENTER OF PORT ST. LUCIE, INC**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**905 E. PRIMA VISTA BLVD**

3. Mailing Address

**1489 S.W. GLASTONBERRY AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PORT ST. LUCIE, FLA.**

City & State

**PORT ST. LUCIE, FLA.**

Zip

**34952**

Country

**USA**

Zip

**34953**

Country

4. FEI Number

**65-0945100**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

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 **D** ☐ Delete  
 NAME **REDDEN, DWAIN**  
 STREET ADDRESS **1489 SW GLASTONBERRY AVE.**  
 CITY-ST-ZIP **PORT ST. LUCIE FL 34953**

TITLE **D** ☐ Delete  
 NAME **REDDEN, WANDA**  
 STREET ADDRESS **1489 SW GLASTONBERRY AVE.**  
 CITY-ST-ZIP **PORT ST. LUCIE FL 34953**

TITLE **D** ☐ Delete  
 NAME **PALM, DAVID**  
 STREET ADDRESS **1401 SE BAYHARBOR ST**  
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 life empowered.

SIGNATURE:

**Dwain Redden**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan. 25 2001** **561**  
**879-3286**

CR2E037 (10/00)