

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000005761**

1. Entity Name

LIGHTHOUSE CRUSADE, INC.

Principal Place of Business

**725 S. NORTHLAKE BLVD., #31
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**PO BOX 160938
ALTAMONTE SPRINGS FL 32716
ALTAMONTE****FILED**
Jun 15, 2001 8:00 am
Secretary of State

06-15-2001 90169 016 *****70.00

A0023385

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3648958

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**BOWENS, GEORGE S JR
725 S. NORTHLAKE BLVD., #31
ALTAMONTE SPRINGS FL 32701**

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
STREET ADDRESS
CITY-ST-ZIP
**CEO
BOWENS, GEORGE
725 S. NORTH LAKE BL #31
ALTAMONTE SPRINGS FL 32701** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALLEN, CHARLES
3309 KNIGHTS BRIDGE
DEARING GA 30808** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TSD
BOWENS, GEORGE
725 S. NORTH LAKE #31
ALTAMONTE SPRINGS FL 32701** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 REQUIRED

6/15/01