2002 UNIFORM BUSINESS REPORT (UBR) FILED May 29, 2002 8:00 am Secretary of State DOCUMENT # **N99000005761** 1. Entity Name LIGHTHOUSE CRUSADE, INC. 05-29-2002 90732 037 ****70.00 Principal Place of Business Mailing Address 725 S. NORTHLAKE BLVD., #31 PO BOX 160938 ALTAMONTE SPRINGS FL 32701 ALTAMAWRE-SPRINGS FL 32716 AITABOUTE SPAINS, Fl 32761 2. Principal Place of Business 3. Mailing Address BOX 160938 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3648958 TAMONTE Not Applicable Zip 32761 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) **BOWENS, GEORGE S JR** 725 S. NORTHLAKE BLVD., #31 ALTAMONTE SPRINGS FL 32701 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. CEO/Mesicent ☐ Delete TITLE ☐ Addition George Bowens NAME **BOWENS, GEORGE** NAME 725 NINTH LANE B1.#31 STREET ADDRESS STREET ADDRESS 725 S. NORTH LAKE BL #31 CITY-ST-ZIP ATTHMONE SPRINGS, F1. 32701 CITY-ST-7IP ALTAMONTE SPRINGS FL 32701 DIALLTOR PROPERTY Delete TITLE TITLE Addition CHANES WEATHINGTON NAME ALLEN, CHARLES NAME 201 CEAUTORE DA STREET ADDRESS STREET ADDRESS 3309 KNIGHTS BRIDGE -CITY-ST-ZIP AAOPKA, F.1. 32763 ... CITY-ST-ZIP DEARING GA 30808 TREASUREN ISELARTARY ☐ Delete TITLE Addition George Bowers NAME BOWENS, GEORGE NAME 725 HIATH lake BIH31 STREET ADDRESS 725 S. NORTH LAKE #31 STREET ADDRESS Althmiure Spaints, FL. 32761 CITY-ST-ZIF CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

5/23/02

467-260-0705

Daytime Phone #