

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

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90114 006 ****70.00

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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 32701**

2. Principal Place of Business

3. Mailing Address

P.O. Box 160938

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ALTAMONTE SPRINGS, FL

City & State

City & State

Zip

Country

Zip

Country

32716-0938

Seminole

4. FEI Number **59-3648958**

Applied For
Not Applicable

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

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

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

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
After September 10, 2003, min will be \$236.25**

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 **CEMD** ☐ Delete
NAME **BOWENS, GEORGE**
STREET ADDRESS **725 S. NORTH LAKE BL #31**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE *MANAGING DIRECTOR* ☐ Change ☒ Addition
NAME *MIMOSE SYLVAIN*
STREET ADDRESS *458 LUCKYVA AVE*
CITY-ST-ZIP *APOPKA, FL 32712*

TITLE **D** ☐ Delete
NAME **WASHINGTON, CHARLES**
STREET ADDRESS **201 LERVLOAE DRIVE**
CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE **TSD** ☐ Delete
NAME **BOWENS, GEORGE**
STREET ADDRESS **725 S. NORTH LAKE #31**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE *PROGRAM DIRECTOR* ☐ Change ☒ Addition
NAME *ANN WALKER*
STREET ADDRESS *4428 MARTINS WAY*
CITY-ST-ZIP *ORLANDO, FL 32808*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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 like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/03

407-928-1846

Date

Daytime Phone #

CR2E037 (4/03)