

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 13, 2009  
Secretary of State

DOCUMENT# N99000006941

Entity Name: LIGHTHOUSE OF HOLINESS, INC.

**Current Principal Place of Business:**

5801 EAST JOHNSON AVE  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2561  
HAINES CITY, FL 33844

**New Mailing Address:**

FEI Number: 59-3669148      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JORDAN, EDWARD P ESQ  
1460 EAST HIGHWAY SO  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: WHIFFEN, CHRISTOPHER A  
Address: 5933 KALOGRIDIS ROAD  
City-St-Zip: HAINES CITY, FL 33844

Title: TREA ( ) Delete  
Name: GRIFFITH, JENNIFER  
Address: 5933 KALOGRIDIS ROAD  
City-St-Zip: HAINES CITY, FL 33844

Title: VPRS ( ) Delete  
Name: BOGGS, CARL D  
Address: 644 DAYTON ROAD  
City-St-Zip: WAYNESVILLE, OH 45068

Title: D ( ) Delete  
Name: CROWDER, EDWARD  
Address: 5741 LITTLE EVA RD  
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete  
Name: GRIFFIN, DONALD W  
Address: 5943 KALOGRIDIS RD  
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete  
Name: WHIFFEN, CHRISTOPHER G  
Address: 5949 KALOGRIDIS RD  
City-St-Zip: HAINES CITY, FL 33844

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER WHIFFEN

PRES

03/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date