

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12402

**Entity Name:** LIGHTHOUSE TABERNACLE INC.**Current Principal Place of Business:**14555 SOUTH HWY 301  
SUMMERFIELD, FL 34491**Current Mailing Address:**P.O. BOX 716  
SUMMERFIELD, FL 34491 US**FEI Number:** 59-2954825**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COBB, CHARLENE F  
313 OAK TRACK TERRACE  
OCALA, FL 34472 US*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:** CHARLENE F COBB

02/08/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name COBB, CHARLENE F  
Address 313 OAK TRACK TERRACE  
City-State-Zip: Ocala FL 34472

Title D  
Name COBB, CLYDE WILLIAM  
Address 313 OAK TRACK TERRACE  
City-State-Zip: Ocala FL 34472

Title ST  
Name MANKIN, CATHERINE W  
Address 800 NW 63RD PL  
City-State-Zip: Ocala FL 34475

Title D  
Name KIMBERLY, CROWDER  
Address 9910 SE 167TH LANE  
City-State-Zip: SUMMERFIELD FL 34491

Title VP  
Name COBB, CLYDE WILLIAM  
Address 313 OAK TRACK TERRACE  
City-State-Zip: Ocala FL 34472

Title DIRECTOR  
Name COBB, CHARLENE F  
Address 313 OAK TRACK TERRACE  
City-State-Zip: Ocala FL 34472

Title DIRECTOR  
Name MANKIN, CATHERINE W  
Address 800 NW 63RD PL  
City-State-Zip: Ocala FL 34475

*I hereby 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 all other like empowered.*

**SIGNATURE:** CHARLENE F. COBB**REGISTERED AGENT**

02/08/2019

Electronic Signature of Signing Officer/Director Detail

Date