

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730668 (1)

1. Corporation Name
LIGHTHOUSE OF BROWARD COUNTY, INC.



Principal Place of Business: 650 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33311
Mailing Address: 650 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33311 US

3. Date incorporated or Qualified: 09/12/1974
3a. Date of Last Report: 02/21/1995
4. FEI Number: 59-1650904
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30.

9. Name and Address of Current Registered Agent
**LEWIS, SUSAN
650 N ANDREWS AVENUE
G6
FT LAUDERDALE FL 33311**
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	TO	<input checked="" type="checkbox"/> DELETE
NAME	OSBURN, RICHARD P	
STREET ADDRESS	5851 HOLMBERG RD #4326	
CITY-ST-ZIP	PARKLAND FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	HERSEN, VICTORIA	
STREET ADDRESS	2800 W OAKLAND PK BLVD	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BOOTHE, WILLIAM	
STREET ADDRESS	100 N.E. 3RD AVE STE 600	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LOBDELL, BEVERLY	
STREET ADDRESS	245 SW 33 ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, MICHAEL	
STREET ADDRESS	1100 S ST RD 7, S203	
CITY-ST-ZIP	MARGATE FL	
TITLE	SD President	<input type="checkbox"/> DELETE
NAME	KATELL, ALAN P	
STREET ADDRESS	3301 COLLEGE AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HAROLD TALISMAN	
1.3 STREET ADDRESS	108 NE. 3 AVE, STE 600	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33301	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LORRIE SCHWARTZ	
2.3 STREET ADDRESS	609 SW 1 AVE	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33301	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joseph Smith, Jr. Esq.	
3.3 STREET ADDRESS	762 Middle River Dr.	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33304	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 2/13/96 PHONE: 954-463-4217

CR2E037 (12/95)