

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: Sandra B. Mortham DATE: 2/13/96 954-463-4217

CR2E037 (12/95)