

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
650 NORTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33311  
650 NORTH ANDREWS AVENUE  
S103  
FT. LAUDERDALE FL 33311-7436  
US

3. Date Incorporated or Qualified 09/12/1974  
3a. Date of Last Report 02/21/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-1650904  
Applied For Not Applicable

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. 199.002, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 FL 85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD  
NAME TALISMAN, HAROLD  
STREET ADDRESS 100 NE 3RD AVENUE, SUITE 600  
CITY-ST-ZIP FT. LAUDERDALE FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE M  
NAME HERSEN, VICTORIA  
STREET ADDRESS 2600 W OAKLAND PK BLVD G50 N. Andrews Ave  
CITY-ST-ZIP OAKLAND PARK FL Ft. Lauderdale, FL 33301

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD  
NAME SCHWARTZ, LORRIE  
STREET ADDRESS 609 SW 1ST AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  
NAME SMITH, JOSEPH J ESQ  
STREET ADDRESS 762 MIDDLE RIVER DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL

4.1 TITLE TD  
4.2 NAME HARLEY Miller  
4.3 STREET ADDRESS 614 S. Federal Highway  
4.4 CITY-ST-ZIP FT. LAUDERDALE, FL. 33301

TITLE PD  
NAME KATELL, ALAN P  
STREET ADDRESS 3301 COLLEGE AVE  
CITY-ST-ZIP FT LAUDERDALE FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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: Victoria Hersen, VICTORIA HERSEN

1/15/97 (954) 463-4217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0036060

CP2E037 (9/96)