


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 730668 (1)**  
1. Corporation Name  
**LIGHTHOUSE OF BROWARD COUNTY, INC.**



Principal Place of Business <b>650 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33311</b>	Mailing Address <b>650 NORTH ANDREWS AVENUE S103 FT. LAUDERDALE FL 33311 US</b>
--	--

3. Date Incorporated or Qualified <b>09/12/1974</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. FEI Number <b>59-16509049</b>	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**LEWIS, SUSAN  
650 N ANDREWS AVENUE  
FT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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: *Susan Lewis* **SUSAN LEWIS** DATE: **4/1/98**

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	TALISMAN, HAROLD	
STREET ADDRESS	100 NE 3RD AVENUE, SUITE 600	→
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	HERSEN, VICTORIA	
STREET ADDRESS	650 N ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZ, LORRIE	
STREET ADDRESS	609 SW 1ST AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MILLER, HARLEY	
STREET ADDRESS	614 S FEDERAL HWY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KATELL, ALAN P	
STREET ADDRESS	3301 COLLEGE AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PRESIDENT/D</b>
1.3 STREET ADDRESS	<b>Harold Talisman 301 Yamato Road Boca Raton, FL 33431</b>
1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>EXECUTIVE DIRECTOR</b>
2.3 STREET ADDRESS	<b>Kathy Carmody 650 N. Andrews Ave FT. LAUDERDALE, FL. 33311</b>
2.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL. 33311</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SECRETARY</b>
3.3 STREET ADDRESS	<b>Dr. David Shipley 1321 S. Powerline Rd. Pompano Beach, FL. 33069</b>
3.4 CITY-ST-ZIP	<b>Pompano Beach, FL. 33069</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>VP+D</b>
4.3 STREET ADDRESS	<b>Harley Miller 614 S. Federal Highway FT. LAUDERDALE, FL 33301</b>
4.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33301</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Treasurer/D</b>
5.3 STREET ADDRESS	<b>JAMES PISTAS 2841 N. Ocean Blvd #1907 FT. LAUDERDALE, FL. 33308</b>
5.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL. 33308</b>
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 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: *[Signature]* DATE: **4/1/98** **954-463-4513**

CR2E037 (10/97)