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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 730668

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
 S103
 FT. LAUDERDALE FL 33311
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	09/12/1974	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	59-1650909	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		Trust Fund Contribution	

9. Name and Address of Current Registered Agent

LEWIS, SUSAN
 650 N ANDREWS AVENUE
 G6
 FT LAUDERDALE FL 33311

(MARRIAGE NAME COLVIN)

10. Name and Address of New Registered Agent

81 Name SUSAN COLVIN
 82 Street Address (P.O. Box Number is Not Acceptable) 650 N. Andrews Ave
 83
 84 City FT. LAUDERDALE FL 85 Zip Code 33311

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 Colvin SUSAN COLVIN 3/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALISMAN, HAROLD	1.2 NAME	
STREET ADDRESS	301 YAMATO RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	
TITLE	ED <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMODY, KATHY	2.2 NAME	<u>ROSALYN BECOVSKY</u>
STREET ADDRESS	650 N ANDREWS AVE	2.3 STREET ADDRESS	<u>650 N. Andrews Ave</u>
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	<u>FT. LAUDERDALE, FL. 33311</u>
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIPLEY, DAVID D	3.2 NAME	
STREET ADDRESS	1321 S POWERINE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	3.4 CITY-ST-ZIP	
TITLE	VP D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, HARLEY	4.2 NAME	
STREET ADDRESS	614 S FEDERAL HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	4.4 CITY-ST-ZIP	
TITLE	TVD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISMAS, JAMES	5.2 NAME	
STREET ADDRESS	2841 N OCEAN BLVD #1907	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Rosalyn Becovsky ROSALYN BECOVSKY 3/29/99 (951)463-4217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)