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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

09/12/1974

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-1650909

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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

(MARRIAGE NAME COLVIN)

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 DELETE
 NAME TALISMAN, HAROLD
 STREET ADDRESS 301 YAMATO RD
 CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE ED DELETE
 NAME CARMODY, KATHY
 STREET ADDRESS 650 N ANDREWS AVE
 CITY-ST-ZIP FT LAUDERDALE FL

2.1 TITLE Change Addition
 2.2 NAME ROSALYN BECOVSKY
 2.3 STREET ADDRESS 650 N. Andrews Ave
 2.4 CITY-ST-ZIP FT. LAUDERDALE, FL. 33311

TITLE S DELETE
 NAME SHIPLEY, DAVID D
 STREET ADDRESS 1321 S POWERINE RD
 CITY-ST-ZIP POMPANO BEACH FL 33069

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

TITLE VP D DELETE
 NAME MILLER, HARLEY
 STREET ADDRESS 614 S FEDERAL HWY
 CITY-ST-ZIP FT. LAUDERDALE FL 33301

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE TVD DELETE
 NAME DISMAS, JAMES
 STREET ADDRESS 2841 N OCEAN BLVD #1907
 CITY-ST-ZIP FT LAUDERDALE FL 33308

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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, 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)