

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730668

FILED
Jan 19, 2006
Secretary of State

Entity Name: LIGHTHOUSE OF BROWARD COUNTY, INC.

Current Principal Place of Business:

650 NORTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

650 NORTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33311 US

New Mailing Address:

FEI Number: 59-1650909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLVIN, SUSAN
650 N ANDREWS AVENUE
FT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: MAYROS, ROXANN
Address: 650 N ANDREWS AVE
City-St-Zip: FT LAUDERDALE, FL 33311 US

Title: SD () Delete
Name: SAMPO, PETER
Address: 121 MAJORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP () Delete
Name: KING, SUSAN
Address: 2124 BAYVIEW DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33305 US

Title: T () Delete
Name: DISMAS, JAMES
Address: 2841 N OCEAN BLVD #1907
City-St-Zip: FT LAUDERDALE, FL 33308

Title: P () Delete
Name: MCINTYRE, R. HART
Address: 450 E. COPANS RD.
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: DU PRÉ, ELLY DR.
Address: 650 N ANDREWS AVE
City-St-Zip: FT LAUDERDALE, FL 33311 US

Title: VP (X) Change () Addition
Name: SAMPO, PETER
Address: 121 MAJORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: PRES (X) Change () Addition
Name: KING, SUSAN DR.
Address: 2124 BAYVIEW DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33305 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KILEY, PAUL MAJOR
Address: 2120 NE 63RD STREET
City-St-Zip: FT. LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. ELLY DU PRÉ

ED

01/19/2006

Electronic Signature of Signing Officer or Director

_____ Date