

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730668

FILED  
Jan 17, 2007  
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: DU PRÉ, ELLY DR.  
Address: 650 N ANDREWS AVE  
City-St-Zip: FT LAUDERDALE, FL 33311 US

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

Title: PRES ( ) Delete  
Name: KING, SUSAN DR.  
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: S ( ) Delete  
Name: KILEY, PAUL MAJOR  
Address: 2120 NE 63RD STREET  
City-St-Zip: FT. LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: S (X) Change ( ) Addition  
Name: MILLER, CARMEN  
Address: 545 N. ANDREWS AVENUE  
City-St-Zip: FT LAUDERDALE, FL 33301

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: ELLY DU PRÉ

ED

01/17/2007

Electronic Signature of Signing Officer or Director

Date