

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730668

FILED
Jan 29, 2008
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:

650 NORTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33311

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: MILLER, CARMEN
Address: 545 N. ANDREWS AVENUE
City-St-Zip: FT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SHORROCK, ROBIN DR.
Address: 650 N. ANDREWS AVE
City-St-Zip: FT. LAUDERDALE, FL 33311 US

Title: PRES (X) Change () Addition
Name: KING, SUSAN DR.
Address: 650 N. ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33311 US

Title: T (X) Change () Addition
Name: DISMAS, JAMES
Address: 650 N. ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33311 US

Title: S (X) Change () Addition
Name: MILLER, CARMEN
Address: 650 N. ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33311 US

I hereby certify that the information supplied with this filing does not qualify 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

01/29/2008

Electronic Signature of Signing Officer or Director

Date