SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Jul 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730683 (0)

1. Corporation Name

LIGHTHOUSE BONSAI SOCIETY, INC.

Principal Place of Business	Mailing Address
BOCA RATON COMMUNITY CENTER 150 NW CRAWFORD BLVD. BOCA RATON FL 33432-3785 US	5430 PINE TREE ROAD POMPANO BEACH FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1974	3a. Date of Last Report: 05/01/1996
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: 65-0092087 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

GLOVER, WINIFRED
5430 PINE TREE ROAD
POMPANO BEACH FL 33067

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	Linda Doffer	☒ Change ☐ Addition
NAME	GLOVER, WINIFRED		1.2 NAME		
STREET ADDRESS	5430 PINE TREE RD.ET		1.3 STREET ADDRESS	1102 S.E. 3rd St	
CITY-ST-ZIP	POMPANO BCH FL 33067-4111		1.4 CITY-ST-ZIP	Deerfield, Fla 33441	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GARDNER, JANE		2.2 NAME		
STREET ADDRESS	5370-C FIRENZE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH. FL 33437		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STEPHENS, JAMES		3.2 NAME		
STREET ADDRESS	926 SW 1ST STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CARTRETT, MIKE		4.2 NAME		
STREET ADDRESS	1230 N B STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HUMPHREY, SANDY		5.2 NAME		
STREET ADDRESS	3306 NW 29TH AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33315		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HUTCHISON, EDNA		6.2 NAME		
STREET ADDRESS	6000 NW 29TH AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33434		6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED Winifred Glover