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Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 33432-3795 US	5430 PINE TREE ROAD POMPANO BEACH FL 33067

3. Date Incorporated or Qualified: 09/13/1974

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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	VP	☐ Change ☒ Addition
NAME	GLOVER, WINIFRED		1.2 NAME	George Henderson	
STREET ADDRESS	5430 PINE TREE RD.ET		1.3 STREET ADDRESS	2308 NE 20 St.	
CITY-ST-ZIP	POMPANO BCH FL 33067-4111		1.4 CITY-ST-ZIP	Ft. Lauderdale, Fla 33305-2636	
TITLE	D	☐ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	GARDNER, JANE		2.2 NAME	Mark Buratt	
STREET ADDRESS	5370-C FIRENZE DR.		2.3 STREET ADDRESS	7721 Mansfield Hollow Rd	
CITY-ST-ZIP	BOYNTON BCH. FL 33437		2.4 CITY-ST-ZIP	Delray Bch., Fla 33446-3375	
TITLE	TD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DOFFER, LINDA		3.2 NAME		
STREET ADDRESS	1102 SE 3RD ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD 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 (10/97)

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.

SIGNATURE: SIGNATURE Glover 3 Jan '98 954 782-4295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #