FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 730683**

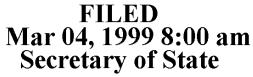
ANNUAL REPORT

LIGHTHOUSE BONSAI SOCIETY, INC.

Principal Place of Business **BOCA RATON COMMUNITY CENTER** 150 NW CRAWFORD BLVD. BOCA RATON FL 33432-3795

Mailing Address

5430 PINE TREE ROAD POMPANO BEACH FL 33067



03-04-1999 90057 009 ****61.25

US									•				
	lace of Business	2a.	Mailing Address			_ _		3. Date Incorporated or Qualifed 09/13/1974					
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		-		17	4. FEI Number			App	lied For	
22	, 5.6.	27						65-0092087	•		Not	Applicable	
City & Stat	te	28	City & State					5. Certifcate of Status Desired			.75 A ee Rec	iditional Juired	
Zip	Country	120	Zip	Countr	y			6. Election Campaign Financing		\$5	5.00 +	/lay Be	
24	25	29	34	0				Trust Fund Contribution		·A	dded to	Fees	
	9. Name and Address of Current	Regist	tered Agent		_		1	0. Name and Address of New F	Registered	Agent			
				8	1	Name							
GLOVER,	WINIFRED			82	82 Street Address (P.O. Box Number is Not Acceptable)								
	TREE ROAD												
	D BEACH FL 33067			8	3				•				
1				84	4	City				85	Zip C	ode	
				-		•			FL	_` ``			
office or a	to the provisions of Sections 617.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	or Hioria	Section 617.0503, Florid	ia Statute	y u is.	ne corpora	auons	board of directors. Thereby according	or ino appo	miment	as reg	istered .	
SIGNATURE	Signature, typed or printed name of registered agent	and title i	f applicable. (NOTE: R		ent	signature requ	uired wh	en reinstating)	DATE	UD 010	COTO	20.01.40	
12.	OFFICERS AND	DIRE		13.				ADDITIONS/CHANGES TO OF	FICERS A			S IN 12	
TITLE	P		☐ DELETE	1.1 TITLE						ᆸᄓ	range		
NAME	GLOVER, WINIFRED			1.2 NAME							•		
STREET ADDRESS				1.3 STRE	EΤ	ADDRESS							
CITY-ST-ZIP	POMPANO BCH FL 33067-4111			1.4 CITY	_	-ZIP				ПС	hange	Addition	
TITLE	D		☐ DELETE	2.1 TITLE							ilaliye		
NAME	GARDNER, JANE			2.2 NAME									
STREET ADDRESS				2.3 STRE	EΤ	ADDRESS							
CITY-ST-ZIP	BOYNTON BCH. FL 33437		— — — — — — — — — — — — — — — — — — —	2. 4 CITY	_	Γ-ZIP			 .	ПС	hange	Addition	
TITLE	VP		☐ DELETE	3.1 TITLE		-			•	· 🗀 🗸			
NAME	HENDERSON, GEORGE			3.2 NAME									
STREET ADDRESS				1		ADDRESS							
CITY-ST-ZIP	FT LAUDERDALE FL 33305-2636)	DELETE	3.4. CITY			T			XC	hange	☐ Addition	
TITLE	DIDATT MADE		Jan Decere	4.1 IIILE		د	1	ve Strom 30 sw.3 ct. autation, 17a				_ ,	
NAME	BURATT, MARK 7721 MANSFIELD HOLLOW RD					ADDRESS	JA.	on sul a et.					
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			4.4 CITY-		71D	131	outotion Ha	337	24			
CITY-ST-ZIP	DELRAY BCH FL 33446-3375		☐ DELETE	5.1 TITLE		-217	71	un ites ton j / for	<u> </u>		hange	Addition	
NAME	D Humphrey, Sandy			5.2 NAME						_	-	-	
STREET ADDRESS	ARRA ARRA COTTLE ALEC			5.3 STRE	ET.	ADDRESS							
	BOCA RATON FL 33315			5.4 CITY-									
CITY-ST-ZIP	D BOCA HATON PL 35315		☐ DELETÉ	6.1 TITLE						□c	hange	Additio	
NAME	HUTCHISON, EDNA			6.2 NAME	E	1							
				6.3 STRE	ET	ADDRESS							
STREET ADDRESS	ROCA RATON FL 33434			6.4 CITY									

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, with all other like empowered.