

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

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

DOCUMENT # 730683

1. Corporation Name

LIGHTHOUSE BONSAI SOCIETY, INC.

Principal Place of Business

**BOCA RATON COMMUNITY CENTER
150 NW CRAWFORD BLVD.
BOCA RATON FL 33432-3795
US**

Mailing Address

**5430 PINE TREE ROAD
POMPANO BEACH FL 33067**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
09/13/1974

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
65-0092087

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLOVER, WINIFRED
5430 PINE TREE ROAD
POMPANO BEACH FL 33067**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **GLOVER, WINIFRED**
STREET ADDRESS **5430 PINE TREE RD.ET**
CITY-ST-ZIP **POMPANO BCH FL 33067-4111**

TITLE **D** ☐ DELETE

NAME **GARDNER, JANE**
STREET ADDRESS **5370-C FIRENZE DR.**
CITY-ST-ZIP **BOYNTON BCH. FL 33437**

TITLE **VP** ☐ DELETE

NAME **HENDERSON, GEORGE**
STREET ADDRESS **2308 NE 20 ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33305-2636**

TITLE **T** ☒ DELETE

NAME **BURATT, MARK**
STREET ADDRESS **7721 MANSFIELD HOLLOW RD**
CITY-ST-ZIP **DELRAY BCH FL 33446-3375**

TITLE **D** ☐ DELETE

NAME **HUMPHREY, SANDY**
STREET ADDRESS **3306 NW 29TH AVE.**
CITY-ST-ZIP **BOCA RATON FL 33315**

TITLE **D** ☐ DELETE

NAME **HUTCHISON, EDNA**
STREET ADDRESS **6000 NW 29TH AVE.**
CITY-ST-ZIP **BOCA RATON FL 33434**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)