

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 741612 (6)

1. Corporation Name

LIGHTHOUSE FOR THE BLIND OF THE PALM BEACHES, INC.



Principal Place of Business

7810 S DIXIE
WEST PALM BEACH FL 33405

Mailing Address

7810 S DIXIE
WEST PALM BEACH FL 33405

3. Date Incorporated or Qualified

02/14/1978

3a. Date of Last Report

08/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLEY, ROBERT R. JR.
BARNETT BANK
114 N. FEDERAL HWY.
BOYNTON BEACH FL 33435

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

Robert R. Kelley

(NOTE: Registered Agent signature required when reinstating)

02/27/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
CD
KELLEY, ROBERT R. JR.
STREET ADDRESS
BARNETT BANK, 114 N. FEDERAL HWY.
CITY-ST-ZIP
BOYNTON BEACH FL 33435

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
VCD
GODDARD, NED
STREET ADDRESS
3216 N. FLAGLER DR.
CITY-ST-ZIP
WEST PALM BEACH FL 33407

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME
SD
ROBSON, NORMAN N
STREET ADDRESS
736 WATERWAY DR.
CITY-ST-ZIP
WEST PALM BEACH FL 33408

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
SD
JOSEPH GALLEGOS
217 GREGORY ROAD
WEST PALM BEACH FL 33405

TITLE ☐ DELETE

NAME
TR
QUINETTE, WILLIAM
STREET ADDRESS
1839 S.W. 17TH STREET
CITY-ST-ZIP
BOYNTON BEACH FL 33426

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
P
THOMPSON, WILLIAM S
STREET ADDRESS
7810 SO, DIXIE HWY.
CITY-ST-ZIP
WEST PALM BEACH FL 33405

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

William S. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. S. Thompson

2/21/96

DATE

407.586.5600

Daytime Phone #

CR2E037 (12/95)