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# Feb 06 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 # 741612 (6)

1. Corporation Name

LIGHTHOUSE FOR THE BLIND OF THE PALM BEACHES, IN C.

| Principal Place of Business | Mailing Address |
|---|---|
| 7810 S DIXIE<br>WEST PALM BEACH FL 33405 | 7810 S DIXIE<br>WEST PALM BEACH FL 33405 |

3. Date Incorporated or Qualified: 02/14/1978

4. FEI Number: 59-6008622 ☐ Applied For ☐ Not Applicable

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

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

**9. Name and Address of Current Registered Agent**

WILLIAMS S THOMPSON PRESIDENT/CEO
LIGHTHOUSE FOR THE BLIND OF THE PALM BCH
7810 S DIXIE HIGHWAY
WEST PALM BCH FL 33405

**10. Name and Address of New Registered Agent**

81 Name: William S. Thompson, President/CEO
82 Street Address (P.O. Box Number is Not Acceptable): Lighthouse for the Blind of the Palm Beaches
83: 7810 South Dixie Highway
84 City: West Palm Beach FL 85 Zip Code: 33405

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: W S Thompson — William S. Thomspon — 01.14.98
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 | CD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GODDARD, NED | | 1.2 NAME | | |
| STREET ADDRESS | 3216 N FLAGLER DR | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BCH FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VCD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GALLEGOS, JOSEPH | | 2.2 NAME | | |
| STREET ADDRESS | 432 SAN FERNANDO DR | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WORTH FL | | 2. 4 CITY-ST-ZIP | | |
| TITLE | SD | ☒ DELETE | 3.1 TITLE | SD | ☒ Change ☒ Addition |
| NAME | GALLEGOS, JOSEPH | | 3.2 NAME | Benyon, Nancy | |
| STREET ADDRESS | 217 GREGORY ROAD | | 3.3 STREET ADDRESS | 13373 Kingsbury Drive | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 3.4. CITY-ST-ZIP | West Palm Beach, FL 33414 | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KLETT STANLEY D | | 4. 2 NAME | | |
| STREET ADDRESS | 4100 RCA BLVD STE 100 | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BCH GARDENS FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | P | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | THOMPSON, WILLIAM S | | 5.2 NAME | | |
| STREET ADDRESS | 7810 SO, DIXIE HWY. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33405 | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:** W S Thompson **SIGNATURE REQUIRED** — 01.14.98 — 561-586-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041057