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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 741612

1. Corporation Name

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

Principal Place of Business	Mailing Address
7810 S DIXIE WEST PALM BEACH FL 33405	7810 S DIXIE WEST PALM BEACH FL 33405

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/14/1978	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6008622	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired	$8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution	$5.00 May Be Added to Fees

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): 7810 S. Dixie Highway
83: Lighthouse for the Blind
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. Thompson — DATE: 1.26.99
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	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		☐ Change ☐ Addition
NAME	BENYON, NANCY		3.2 NAME		
STREET ADDRESS	13373 KINGSBURY DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33414		3.4 CITY-ST-ZIP		
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 (11/98)

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 REQUIRED William S. Thompson 3/12/99 561-586-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

W.S. Thompson