

DOCUMENT # 741612

1. Entity Name

LIGHTHOUSE FOR THE BLIND OF THE PALM BEACHES, IN

Principal Place of Business

7810 S DIXIE
WEST PALM BEACH FL 33405

Mailing Address

7810 S DIXIE
WEST PALM BEACH FL 33405-4820

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. 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

7. Name and Address of New Registered Agent

Name

William S. Thompson, President/CEO

Street Address (P.O. Box Number is Not Acceptable)

7810 S. Dixie Highway

Lighthouse for the Blind of the Palm Beaches

City

West Palm Beach

FL

Zip Code

33405

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

W S Thompson

William S. Thompson

1-10-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GODDARD, NED 3216 N FLAGLER DR WEST PALM BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD GALLEGOS, JOSEPH 432 SAN FERNANDO DR LAKE WORTH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENYON, NANCY 13373 KINGSBURY DR WEST PALM BEACH FL 33414	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLETT STANLEY D 4100 RCA BLVD STE 100 PALM BCH GARDENS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, WILLIAM S 7810 SO, DIXIE HWY. WEST PALM BEACH FL 33405	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

W S Thompson

William S. Thompson

561-586-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 MAR -3 PM 12:35

SECRET
TALLAHASSEE, FLORIDA
C0009863

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6008622

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75. Additional
Fee Required**

CR2E037 (9/99)