2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#741612

FILED Jan 06, 2005 Secretary of State

Entity Name: LIGHTHOUSE FOR THE BLIND OF THE PALM BEACHES, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
7810 S DIXIE WEST PALM BEACH, FL 33405						
Current Mailing Address:			New Maili	New Mailing Address:		
7810 S DIXIE WEST PALM BEACH, FL 33405						
FEI Number:	59-6008622	FEI Number Applied For () FEI N	umber Not App	licable () Certificate of Status Desired (X)		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
WILLIAMS S THOMPSON PRESIDENT/CEO 7810 S. DIXIE HIGHWAY LIGHTHOUSE FOR THE BLIND OF THE PALM BEACH WEST PALM BEACH, FL 33405 US						
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:						
Electronic Signature of Registered Agent				Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VCD () D MCDERMOTT, LE 1208 MARINE WA NORTH PALM BE	AY, APT A-107	Title: Name: Address: City-St-Zip:	VCD (X) Change () Addition GRELLA, MICHAEL 400 N DELAWARE BLVD JUPITER, FL 33469		
Title: Name: Address: City-St-Zip:	S () C ANDERSON, NOF 168 EAST HAMPT JUPITER, FL 334	FON WAY	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	TD () C CRAWFORD, ED 506 KINGFISH RO NORTH PALM BE	DAD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	P () C THOMPSON, WIL 7810 SO, DIXIE H WEST PALM BEA	I WY.	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA L. LAMB VP 01/06/2005