2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 741612

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

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

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01092006 No Chg-NP CR2E037 (11/05)

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

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be *Added to Fees*

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	KLETT, STANLEY D ESQ
STREET ADDRESS	8895 N. MILITARY TRL, STE D-302
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	VCD
NAME	GRELLA, MICHAEL
STREET ADDRESS	400 N DELAWARE BLVD
CITY-ST-ZIP	JUPITER, FL 33469
TITLE	S
NAME	ANDERSON, NORRIS
STREET ADDRESS	168 EAST HAMPTON WAY
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	TD
NAME	CRAWFORD, EDWARD W JR
STREET ADDRESS	506 KINGFISH ROAD
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	P
NAME	THOMPSON, WILLIAM S
STREET ADDRESS	7810 SO, DIXIE HWY.
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/06-80008-024 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1-10-06 561-586-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #