## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#741612**

Feb 13, 2007 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

**7810 S DIXIE** 

WEST PALM BEACH, FL 33405

**Current Mailing Address: New Mailing Address:** 

7810 S DIXIE PO BOX 17980

WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33416 79

FEI Number: 59-6008622 FEI Number Applied For ( ) FEI Number Not Applicable ( ) 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:

**OFFICERS AND DIRECTORS:** 

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete (X) Change ( ) Addition KLETT, STANLEY D ESQ KLETT, STANLEY D ESQ Name: Name: 8895 N. MILITARY TRL, STE D-302 Address: 3399 PGA BLVD., STE 240 Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VCD () Delete Title: () Change () Addition

GRELLA, MICHAEL Name: Name: Address: 400 N DELAWARE BLVD Address: City-St-Zip: JUPITER, FL 33469 City-St-Zip:

Title: () Delete Title: () Change () Addition

ANDERSON, NORRIS Name: Name: 168 EAST HAMPTON WAY Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip:

Title: TD ( ) Delete Title: () Change () Addition

Name: CRAWFORD, EDWARD W JR Name: 506 KINGFISH ROAD Address: Address: City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip:

Title: ( ) Delete Title: () Change () Addition

THOMPSON, WILLIAM S Name: Name: 7810 SO, DIXIE HWY. Address: Address: WEST PALM BEACH, FL 33405 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: WILLIAM S. THOMPSON **PRES** 02/13/2007