2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# 741612

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

Current Principal Place of Business:

7810 S DIXIE
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

PO BOX 17980
WEST PALM BEACH, FL 33416 79

New Mailing Address:

7810 S DIXIE
WEST PALM BEACH, FL 33405

FEI Number: 59-6008622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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 US

Name and Address of New Registered Agent:

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:

Title:	CD	( ) Delete
Name:	KLETT, STANLEY D ESQ	
Address:	3399 PGA BLVD., STE 240	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	VCD	( ) Delete
Name:	GRELLA, MICHAEL	
Address:	400 N DELAWARE BLVD	
City-St-Zip:	JUPITER, FL 33469	
Title:	S	( ) Delete
Name:	ANDERSON, NORRIS	
Address:	168 EAST HAMPTON WAY	
City-St-Zip:	JUPITER, FL 33458	
Title:	TD	( ) Delete
Name:	CRAWFORD, EDWARD W JR	
Address:	506 KINGFISH ROAD	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	P	( ) Delete
Name:	THOMPSON, WILLIAM S	
Address:	7810 SO, DIXIE HWY.	
City-St-Zip:	WEST PALM BEACH, FL 33405	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 01/08/2008
Electronic Signature of Signing Officer or Director — Date