


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90024 048 ****61.25

DOCUMENT # N0100003600
 1. Entity Name
THE LAMPLIGHTER FOUNDATION, INC.



Principal Place of Business
 6995 VENTURE CIR
 ORLANDO, FL 32807

Mailing Address
 6995 VENTURE CIR
 ORLANDO, FL 32807

54025403



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

03312004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3722301

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GLANCY, CARMAN M
6995 VENTURE CIR
ORLANDO, FL 32807

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GLANCY, CARMEN M	
STREET ADDRESS	1728 OLD 100 ROAD	
CITY-ST-ZIP	GENEVA, FL 32732	
TITLE	D	<input type="checkbox"/> Delete
NAME	ATEEK, GEORGE	
STREET ADDRESS	1437 72ND AVE NE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	PECKO, MICHAEL	
STREET ADDRESS	1960 FARRINGTON DRIVE	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, TROY	
STREET ADDRESS	3147 TERRY BROOK DR #1805	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDERS, GARRY	
STREET ADDRESS	1152 VIRA LANE	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLAYMAKER, WAYNE	
STREET ADDRESS	2573 N. FORSYTH RD	
CITY-ST-ZIP	ORLANDO, FL 32807	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARRIS, PEARL	
STREET ADDRESS	555 HARRISON STREET #304	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLANCY, CARMEN M	
STREET ADDRESS	6995 VENTURE CIR	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: CARMEN M. Glancy **3/31/04** **(407) 657-3880**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #