

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003600

FILED  
Apr 11, 2005  
Secretary of State

Entity Name: THE LAMPLIGHTER FOUNDATION, INC.

## Current Principal Place of Business:

6995 VENTURE CIR  
ORLANDO, FL 32807

## New Principal Place of Business:

## Current Mailing Address:

6995 VENTURE CIR  
ORLANDO, FL 32807

## New Mailing Address:

FEI Number: 59-3722301

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GLANCY, CARMAN M  
6995 VENTURE CIR  
ORLANDO, FL 32807 US

## Name and Address of New Registered Agent:

GLANCY, CARMEN M  
6995 VENTURE CIR  
ORLANDO, FL 32807 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: CARMEN M. GLANCY

04/11/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GLANCY, CARMEN M  
Address: 6995 VENTURE CIR  
City-St-Zip: ORLANDO, FL 32807

Title: D ( ) Delete  
Name: ATEEK, GEORGE  
Address: 1437 72ND AVE NE  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: D ( ) Delete  
Name: PECKO, MICHAEL  
Address: 1960 FARRINGTON DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D (X) Delete  
Name: FARRIS, PEARL  
Address: 555 HARRISON STREET #304  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete  
Name: LANDERS, GARRY  
Address: 1152 VIRA LANE  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: SLAYMAKER, WAYNE  
Address: 2573 N. FORSYTH RD  
City-St-Zip: ORLANDO, FL 32807

## 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:

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

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: CARMEN M. GLANCY

D

04/11/2005

Electronic Signature of Signing Officer or Director

Date