

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90147 009 ****61.25

DOCUMENT # N01000003600

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3722301**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GLANCY, CARMAN M	
STREET ADDRESS	1720 OLD 100 ROAD	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	D	<input type="checkbox"/> Delete
NAME	AITEK, 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 type="checkbox"/> Delete
NAME	NELSON, TROY	
STREET ADDRESS	2600 S. CONWAY RD #1203	
CITY-ST-ZIP	ORLANDO FL	
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	SHYMAKER, WAYNE	
STREET ADDRESS	2573 N. FORSYTH RD	
CITY-ST-ZIP	ORLANDO FL 32807	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLANCY, CARMAN M.	
STREET ADDRESS		
CITY-ST-ZIP		
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		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3147 TERRY BROOK DR #1805	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAYMAKER, WAYNE	
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: ~~SIGNATURE REQUIRED~~ **CARMAN M. GLANCY** 4-7-03 407-654-3880 *A-002*

CR2E037 (10/02)