


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000005316 1. Entity Name LIGHTHOUSE HOMESCHOOLERS, INC.	
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Principal Place of Business 3602 JACQUE LEE LANE LAKELAND, FL 33803	Mailing Address 3602 JACQUE LEE LANE LAKELAND, FL 33803
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 01-0736930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITEHEAD, JACQUELINE  
 3602 JACQUE LEE LANE  
 LAKELAND, FL 33803

**DO NOT WRITE IN THIS SPACE**

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

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T WHITEHEAD, JACQUELINE 3602 JACQUE LEE LANE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHUMATE, LISA 826 ALBERTA AVENUE AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCORMACK, SARAH 2206 WELLS ROAD AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COARSEY, SONYA 6758 LEMON TREE DRIVE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, CAROL 2035 IRVING STREET LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOBLE, BARBARA 1802 ST. GEORGE'S TRAIL LAKELAND, FL 33809

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 02/03/04-80059-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information in 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: Jacqueline Whitehead Date: 1/29/04 863-665  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 8331