

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90010 040 \*\*\*\*61.25

<b>DOCUMENT # N02000005316</b>					
1. Entity Name LIGHTHOUSE HOMESCHOOLERS, INC.					
Principal Place of Business 3602 JACQUE LEE LANE LAKELAND FL 33803			Mailing Address P.O. BOX 631 HIGHLAND CITY FL 33846		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0736930	
Zip		Country		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			7. Name and Address of New Registered Agent Name: <u>Sonya Coarsey</u> Street Address (P.O. Box Number is Not Acceptable): <u>585 Pinecrest Drive</u> City: <u>Bartow</u> FL Zip Code: <u>33830</u>		
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: <u>Sonya Coarsey</u> DATE: <u>3-7-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P/T	Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHEAD, JACQUELINE			NAME	
STREET ADDRESS	3602 JACQUE LEE LANE			STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, STEPHANIE			NAME	
STREET ADDRESS	412 ANDERSON DRIVE			STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONHEISER, MELISSA			NAME	
STREET ADDRESS	823 W LAKE ELBERT DR NE			STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORQUODALE, SARAH			NAME	
STREET ADDRESS	2208 WELLS ROAD			STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKLAND, KIM			NAME	
STREET ADDRESS	9133 PINE TREE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 816-1-41			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBLE, BARBARA			NAME	<u>Cherie Jones</u>
STREET ADDRESS	1822 SIR GEORGE'S TRAIL			STREET ADDRESS	<u>10225 Quinn Rd</u>
CITY-ST-ZIP	LAKELAND FL 33809			CITY-ST-ZIP	<u>Polk City, FL 33868</u>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 employees.

SIGNATURE: Caroline Whitehead DATE: 3/7/06 863-665-8331