


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90020 043 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |                                                                                                                                                                                                |                                                                                                                                                                          |
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| DOCUMENT # N02000005316                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       |                                                                                                               |                                                                                                                                                                          |
| 1. Entity Name<br>LIGHTHOUSE HOMESCHOOLERS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                                                                                                |                                                                                                                                                                          |
| Principal Place of Business<br>3602 JACQUE LEE LANE<br>LAKELAND, FL 33803                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       | Mailing Address<br>P.O. BOX 631<br>HIGHLAND CITY, FL 33846                                                                                                                                     |                                                                                                                                                                          |
| 2. Principal Place of Business - No P.O. Box #<br>817 Buttercup Drive<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                       | 3. Mailing Address<br>PO Box 631<br>Suite, Apt. #, etc.                                                                                                                                        |                                                                                                                                                                          |
| City & State<br>Lakeland, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                       | City & State<br>Highland City FL                                                                                                                                                               |                                                                                                                                                                          |
| Zip<br>33801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country<br>USA                                                                                                        | Zip<br>33846                                                                                                                                                                                   | Country<br>USA                                                                                                                                                           |
| 6. Name and Address of Current Registered Agent<br>COARSEY, SONYA<br>585 PINECREST DR<br>BARTOW, FL 33830                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Kathy Hockenberry<br>Street Address (P.O. Box Number is Not Acceptable)<br>817 Buttercup Drive<br>City<br>Lakeland FL Zip Code<br>33801 |                                                                                                                                                                          |
| 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>Kathy Hockenberry</u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       | DATE <u>2-5-07</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                                              |                                                                                                                                                                          |
| Filing Fee is \$61.25<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                |                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       | Make check payable to<br>Florida Department of State                                                                                                                                           |                                                                                                                                                                          |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                          |                                                                                                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P/T<br>WHITEHEAD, JACQUELINE<br>3602 JACQUE LEE LANE<br>LAKELAND, FL 33803 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | VP<br>Sonya Coarsey<br>585 Pinecrest DR<br>Bartow FL 33830 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del>VP</del> PRES<br>HART, STEPHANIE<br>412 ANDERSON DRIVE<br>AUBURNDALE, FL 33823 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | Secretary Treasurer<br>Jeannette Johnson<br>5036 Kensington Heights DR<br>Lakeland FL 33811 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>ONHEISER, MELISSA<br>823 W LAKE ELBERT DR NE<br>WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | Director<br>Esther DeRoven<br>6911 Marlyn DR<br>Lakeland FL 33809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>MCCORQUODALE, SARAH<br>2208 WELLS ROAD<br>AUBURNDALE, FL 33823 <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | Director<br>Kathy Hockenberry<br>817 Buttercup DR<br>Lakeland FL 33801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>KIRKLAND, KIM<br>9133 PINE TREE DRIVE<br>LAKELAND, FL 816-141 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>JONES, CHERIE<br>10225 QUINN RD<br>POLK CITY, FL 33868 <input type="checkbox"/> Delete                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowered. |                                                                                                                       |                                                                                                                                                                                                |                                                                                                                                                                          |
| SIGNATURE: <u>Jeannette L. Johnson</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                       | DATE <u>2/6/07</u> DAYTIME PHONE # <u>863-647-2557</u>                                                                                                                                         |                                                                                                                                                                          |

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01102007 Chg-NP CR2E037 (12/06)

4. FEI Number 01-0736930 Applied For Not Applicable

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