

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005316

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** LIGHTHOUSE HOMESCHOOLERS, INC.

**Current Principal Place of Business:**

817 BUTTERCUP DRIVE  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 631  
HIGHLAND CITY, FL 33846

**New Mailing Address:**

**FEI Number:** 01-0736930

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOCKENBERRY, KATHY  
817 BUTTERCUP DRIVE  
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: HOSEGOOD, STACEY  
Address: 3137 W. BELLA VISTA ST.  
City-St-Zip: LAKELAND, FL 33810

Title: D  
Name: JONES, FELICIA  
Address: 6014 DOE CR. WEST  
City-St-Zip: LAKELAND, FL 33809

Title: S  
Name: WHITING, JULIE  
Address: 474 AMETHYST AVE.  
City-St-Zip: AUBURNDALE, FL 33823

Title: T  
Name: WHITING, BOBBI J  
Address: 508 PINTAIL CR.  
City-St-Zip: AUBURNDALE, FL 33823

Title: D  
Name: DEROUEN, ESTHER  
Address: 6911 MARLYN DRIVE  
City-St-Zip: LAKELAND, FL 33809

Title: D  
Name: YERKEY, DELYNN  
Address: 4811 CLAYTON RD  
City-St-Zip: KATHLEEN, FL 33849

I hereby 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 all other like empowered.

SIGNATURE: BOBBI JO WHITING

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01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date