

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

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90110 014 ****70.00

DOCUMENT # **N02000005316**



1. Entity Name
LIGHTHOUSE HOMESCHOOLERS, INC.

Principal Place of Business
**3602 JACQUE LEE LANE
LAKELAND FL 33803**

Mailing Address
**3602 JACQUE LEE LANE
LAKELAND FL 33803**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0736930

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$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

SAME

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

Jacqueline Whitehead President 2/13/03

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	P/T	<input type="checkbox"/> Delete
NAME	WHITEHEAD, JACQUELINE	
STREET ADDRESS	3602 JACQUE LEE LANE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHUMATE, LISA	
STREET ADDRESS	625 ALBERTA AVENUE	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	MCCORQUODALE, SARAH	
STREET ADDRESS	2208 WELLS ROAD	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	D	<input type="checkbox"/> Delete
NAME	COARSEY, SONYA	
STREET ADDRESS	8758 LEMON TREE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYAN, CAROL	
STREET ADDRESS	2035 IRVING STREET	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOBLE, BARBARA	
STREET ADDRESS	1822 SIR GEORGE'S TRAIL	
CITY-ST-ZIP	LAKELAND FL 33809	

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

Jacqueline Whitehead 2/13/03 863-665-8331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)