


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

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000009709**

1. Entity Name  
**THE SUMMIT LIGHTHOUSE STUDY GROUP OF MIAMI, INC.**



Principal Place of Business      Mailing Address

**815 PONCE DE LEON BOULEVARD**      **815 PONCE DE LEON BOULEVARD**  
**SUITE P-201**      **SUITE P-201**  
**CORAL GABLES, FL 33134**      **CORAL GABLES, FL 33134**

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01092004 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**32-0052754**      Not Applicable

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

6. Name and Address of Current Registered Agent

**LANGSTADT, OLIVER J**  
**815 PONCE DE LEON BOULEVARD**  
**SUITE P-201**  
**CORAL GABLES, FL 33134**

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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**

1100000094156  
 03/22/04-80047-019 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TELLO, SOCORRO
STREET ADDRESS	8211 SW 25TH STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	VP
NAME	FONTANEZ, TERESITA
STREET ADDRESS	8211 SW 25TH STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	VP
NAME	CLARE, NADINE
STREET ADDRESS	8211 SW 25TH STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	T
NAME	ROBERTS, JOY
STREET ADDRESS	8211 SW 25TH STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	T
NAME	PARAVENTI, MARIA C
STREET ADDRESS	8211 SW 25TH STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: *Marie*      **X 18 Mar 04 X 305 479 9165**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #