

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 22, 2005
Secretary of State**

DOCUMENT# N02000009709

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 32-0052754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGSTADT, OLIVER J
815 PONCE DE LEON BOULEVARD
SUITE P-201
CORAL GABLES, FL 33134 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: P () Delete
Name: TELLO, SOCORRO
Address: 8211 SW 25TH STREET
City-St-Zip: MIAMI, FL 33155

Title: VP () Delete
Name: FONTANEZ, TERESITA
Address: 8211 SW 25TH STREET
City-St-Zip: MIAMI, FL 33155

Title: VP () Delete
Name: CLARE, NADINE
Address: 8211 SW 25TH STREET
City-St-Zip: MIAMI, FL 33155

Title: T () Delete
Name: ROBERTS, JOY
Address: 8211 SW 25TH STREET
City-St-Zip: MIAMI, FL 33155

Title: T () Delete
Name: PARAVENTI, MARIA C
Address: 8211 SW 25TH STREET
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MYRNA S.SILVA

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04/22/2005

Electronic Signature of Signing Officer or Director

Date