FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 21 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27181 (9)

1. Corporation Name

LIGHTHOUSE LEARNING CENTER, INC.

Principal Place of Business

~~C/O THERESA HOSSLER~~
328 STILES AVE
ORANGE PARK FL 32073

Mailing Address

~~C/O THERESA HOSSLER~~
328 STILES AVE
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1988
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2901911 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOSSLER, THERESA
4026 STILLWOOD DR
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name: Thomas C. Santoro
82 Street Address (P.O. Box Number is Not Acceptable): 1700 Wells RD Suite 5
83
84 City: Orange Park FL
85 Zip Code: 32073

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Thomas C. Santoro — 2-28-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	THERESA MOSS	1.2 NAME	Thomas C. Santoro	
STREET ADDRESS	4026 STILLWOOD DR	1.3 STREET ADDRESS	1700 Wells RD Suite 5	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	JEAN THRASHER	2.2 NAME		
STREET ADDRESS	2457 LAKEVIEW DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	ZAN FRICK	3.2 NAME		
STREET ADDRESS	2433 WHIPPOORWILL LN	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	BETTY JEAN HAYDEN	4.2 NAME		
STREET ADDRESS	2204 CARTER BRAXTON RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas C Santoro — 2.28.95 — 904 278 8713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032662