FILE NOW: FILING FEE IS $61.25

FILED
Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N27181** **(9)**

1. Corporation Name
LIGHTHOUSE LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
C/O THERESA HOSSLER 328 STILES AVE ORANGE PARK FL 32073	C/O THERESA HOSSLER 328 STILES AVE ORANGE PARK FL 32073-4011

3. Date Incorporated or Qualified: 06/27/1988
3a. Date of Last Report: 02/20/1996

2. Principal Place of Business	2a. Mailing Address
21 Lighthouse Learning Center, Inc.	26 Lighthouse Learning Center, Inc.
Suite, Apt. #, etc. 22 328 Stiles Ave.	Suite, Apt. #, etc. 27 328 Stiles Ave.
City & State 23 Orange Park, FL	City & State 28 Orange Park FL
Zip 24 32073 Country 25	Zip 29 32073 Country 30

4. FEI Number: 59-2901911 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOSSLER, THERESA 4026 STILLWOOD DR JACKSONVILLE FL 32257	81 Name: Grady H. Williams, Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 1279 Kingsley Ave., Ste. 117 83 84 City: Orange Park FL 85 Zip Code: 32073

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Grady H. Williams, Jr. DATE: May 28, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SANTORO, THOMAS C		1.2 NAME	KATHLEEN CROOK	
STREET ADDRESS	1700 WELLS RD., SUITE 5		1.3 STREET ADDRESS	48 River Road	
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	JEAN THRASHER		2.2 NAME	SUSIE ROY	
STREET ADDRESS	2457 LAKEVIEW DR.		2.3 STREET ADDRESS	667 Kilchurn Drive	
CITY-ST-ZIP	ORANGE PARK FL		2.4 CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	S	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	ZAN FRICK		3.2 NAME	CATHY BODENWEBER	
STREET ADDRESS	2433 WHIPPOORWILL LN		3.3 STREET ADDRESS	293 Crookedridge Court	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Orange Park, FL 32065	
TITLE	T	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	BETTY JEAN HAYDEN		4.2 NAME	Grady H. Williams, Jr.	
STREET ADDRESS	2204 CARTER BRAXTON RD		4.3 STREET ADDRESS	1279 Kingsley Avenue, Ste. 117	
CITY-ST-ZIP	ORANGE PARK FL 32073		4.4 CITY-ST-ZIP	Orange Park, FL 32073	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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.