FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State
06-01-1999 90027 022 ****61.25

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DOCUMENT # N27181

1. Corporation Name
LIGHTHOUSE LEARNING CENTER, INC.

567412 - 90027 - 22

Principal Place of Business	Mailing Address
LIGHTHOUSE LEARNING CENTER INC 328 STILES AVE ORANGE PARK FL 32073 US	LIGHTHOUSE LEARNING CENTER INC 328 STILES AVE ORANGE PARK FL 32073 US

2. Principal Place of Business
21 550 KINGSLEY AVENUE
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 550 KINGSLEY AVENUE
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualifed
06/27/1988

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

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

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

9. Name and Address of Current Registered Agent

WILLIAMS, FRADY H JR
1279 KINGSLEY AVE
STE. 117
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name WILLIAMS, GRADY H. JR.
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
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	CROOK, KATHLEEN		1.2 NAME	DIANA SOUPAL	
STREET ADDRESS	48 RIVER RD		1.3 STREET ADDRESS	711 RUTHVEN CT.	
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	ROY, SUSIE		2.2 NAME	CINDY CUMMINS	
STREET ADDRESS	667 KILCHURN DR		2.3 STREET ADDRESS	2661 FOXWOOD RD., S.	
CITY-ST-ZIP	ORANGE PARK FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	BODENWEBER, CATHY		3.2 NAME		
STREET ADDRESS	293 CROOKEDRIDGE COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	ORANGE PARK, FL	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RODESNEY, STEVEN		4.2 NAME		
STREET ADDRESS	767 BLANDING BLVD 103		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32065		4.4 CITY-ST-ZIP		
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 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED STEVEN RODESNEY 5-29-99 904-272-5948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #