2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State
05-05-2005 90105 013 ****61.25

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DOCUMENT # N27181

1. Entity Name
LIGHTHOUSE LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
550 KINGSLEY AVENUE ORANGE PARK, FL 32073 US	550 KINGSLEY AVENUE ORANGE PARK, FL 32073 US

04252005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

DOUGLAS, EDWARD C
4729 US 17 S., SUITE 201
ORANGE PARK, FL 32003

7. Name and Address of New Registered Agent

Name K. DIANTHA OWEN
Street Address (P.O. Box Number is Not Acceptable)
1555 KINGSLEY AVENUE
SUITE 504
City ORANGE PARK **FL** Zip Code 32073

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 K. Diantha Owen K. DIANTHA OWEN, TREASURER 04/29/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CUMMINGS, CYNTHIA 2661 FOXWOOD RD S ORANGE PARK, FL 32073	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAURIE SHIMKO 1626 SHEFFIELD PLACE ORANGE PARK, FL 32073	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JONES, BETTY 1688 COLONIAL DR GREEN COVE SPRINGS, FL 32043	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JACKIE MEYER 27 FOX VALLEY DRIVE ORANGE PARK, FL 32073	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD OWEN, K. DIANTHA 297 CROOKRIDGE CT ORANGE PARK, FL 32065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOHN FITZPATRICK 1169 WYNDEGATE DRIVE ORANGE PARK, FL 32073	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: Laurie Shimko LAURIE SHIMKO, PRESIDENT 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #