## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 04, 2007 8:00 am Secretary of State 05-04-2007 90065 045 \*\*\*\*61.25

| DOCUMENT # N27181  1. Entity Name CHILDREN'S LIGHTHOUSE FUND, INC.  |   |   |   |  |   |                 | 90003 04.                                  | , 01   | .23   |
|---|---|---|---|--|---|-----------------|--|--|---|
| Principal Place of Business Mailing Address 550 KINGSLEY AVENUE P.0. BOX 716 ORANGE PARK, FL 32073 US ORANGE PARK,  |   |   |   |  |   |                 | TEL GIBIT BIBIK BIBI                       | ENDIF DIENI DED  | )   <b>                                  </b> |
| Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |  |   |                 |  | 4  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |  | 04242007  | Chg-NP          | CR2E03                                     | 7 (12/06)  |   |
| City & State  |   | City & State  |   | :  | 4. FEI Number 59-29019  | <br>911         |  | _ <del>                                    </del>  | pplied For<br>at Applicable                   |
| Zip   | Country   | Žip   | Country   |  | 5. Certificate of   |                 |  | 8.75 Add   | litional                                      |
|   | 6. Name and Address of Current  | Registered Agent  |   |  | 7. Name and A   | ddress of New   |  | <del></del>  | -   |
| OWEN  | DIANTHA   |   | Name  | e  |   |                 | <del></del>                                | <del>-</del>   |   |
| OWEN, K. DIANTHA 1555 KINGSLEY AVE, STE 504 ORANGE PARK, FL 32073   |   |   | Stree   | Street Address (P.O. Box Number is Not Acceptable) |   |                 |  |  |   |
|   |   |   | City  |  |   |                 |  | -<br>-   |   |
|   |   |   | City  |  |   |                 | FL   | Zip Code   | е   |
| the obliga  | e named entity submits this statement fo<br>tions of registered agent.  Stjnature, typed or printed name of registered agent.   |   | : Registered Agent sig  |  |   |                 | DATE                                       |  |   |
|   |   |   | registered right sig  | gnature required                                   | when reinstating)   |                 | - JAG                                      |  |   |
|   | Filing Fee is \$61.25<br>Due by May 1, 2007   | 9. Election Can<br>Trust Fund C   | npaign Financin   |  | \$5.00 May Be<br>Added to Fees  |                 | Make check<br>orida Depart                 |  |   |
| 10.   | Filing Fee is \$61.25<br>Due by May 1, 2007<br>OFFICERS AND DIR   | 9. Election Can<br>Trust Fund C   | npaign Financin   | g D  | \$5.00 May Be   | Fic             | Make check<br>orida Depart                 | ment of St   | ate   |
| TITLE   | Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIE  | 9. Election Can<br>Trust Fund C   | npaign Financing<br>contribution.   | g D  | \$5.00 May Be<br>Added to Fees  | Fic             | Make check<br>orida Depart<br>ERS AND DIR  | ment of St   | ate   |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIF PD SHIMKO, LAURIE 1626 SHEFFIEDL PLACE ORANGE PARK, FL 32073   | 9. Election Can<br>Trust Fund C   | npaign Financing<br>contribution.  11.  TITLE  NAME  STREET ADORES  | <sup>g</sup> □  VD  JEA 158                        | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHAN<br>N FOX<br>2 STOCK  | GES TO OFFIC    | Make check<br>orida Departi<br>ERS AND DIR | ment of St<br>ECTORS IN  | 10 Addition                                   |
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indicated on this report or supplied with this iming does not qualify for the exemptions contained in Chapter 118, Horidas statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: K. Diantha Owen K. DIANTHA OWEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2007 904-269-4056

Date

Daytime Phone #