

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90247 028 ****61.25

DOCUMENT # N27181 1. Entity Name CHILDREN'S LIGHTHOUSE FUND, INC.					
Principal Place of Business 550 KINGSLEY AVENUE ORANGE PARK, FL 32073 US				Mailing Address P.O. BOX 716 ORANGE PARK, FL 32067-0716 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2901911	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OWEN, K. DIANTHA 1555 KINGSLEY AVE, STE 504 ORANGE PARK, FL 32073				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SHIMKO, LAURIE		NAME		
STREET ADDRESS	1626 SHEFFIELD PLACE		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FOX, JEAN		NAME		
STREET ADDRESS	1582 STOCKTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP		
TITLE	TD	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	OWEN, K. DIANTHA		NAME	PAM. WOLBERT	
STREET ADDRESS	297 CROOKRIDGE CT		STREET ADDRESS	740 ARRAN CT	
CITY-ST-ZIP	ORANGE PARK, FL 32065		CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	SD	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	FITZPATRICK, JOHN		NAME	JOANNE LUBARSKY	
STREET ADDRESS	1169 WYNDEGATE DRIVE		STREET ADDRESS	135 VANDERFORD RD. N.	
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Pam Wolbert</i> Pam Wolbert			4/30/08 904 264-2012		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		