

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001252

1. Entity Name

LIGHTHOUSE - BEACON OF HOPE, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90088 039 ****61.25

Principal Place of Business

1802 NEEDLES LANE
LARGO FL 33771

Mailing Address

1802 NEEDLES LANE
LARGO FL 33771

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3504298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ARMOOGAN, SHERRI-ANN R
1802 NEEDLES LANE
LARGO FL 33771

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ARMOOGAN, SHERRI ANN
STREET ADDRESS 1802 NEEDLES W.
CITY-ST-ZIP LARGO FL 33771 ☐ Delete

TITLE VPD
NAME FRANCE, KRISTINE L
STREET ADDRESS 1802 NEEDLES LN
CITY-ST-ZIP LARGO FL 33771 ☐ Delete

TITLE OT
NAME OVERCASHIER, DIANE
STREET ADDRESS 2904 DIPLOMAT
CITY-ST-ZIP CLEARWATER FL 33764 ☐ Delete

TITLE O
NAME BRANKLEY, CAROLYN
STREET ADDRESS 7360 OLMERTONRD #2A
CITY-ST-ZIP LARGO FL 33771 ☐ Delete

TITLE O
NAME HILDERBRAND, JOHN
STREET ADDRESS 3500 10TH STREET NE
CITY-ST-ZIP ST. PETERSBURG FL 33704 ☐ Delete

TITLE OD
NAME HILDERBRAND, PAULA
STREET ADDRESS 3500 10TH ST. NE
CITY-ST-ZIP ST. PETERSBURG FL 33704 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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)(1), 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2001

727-581-4141

Date

Daytime Phone #

CR2E037 (10/00)