

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001252

1. Entity Name

LIGHTHOUSE - BEACON OF HOPE, INC.

Principal Place of Business

Mailing Address

1802 NEEDLES LANE  
LARGO FL 33771

1802 NEEDLES LANE  
LARGO FL 33771

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

59-3504298

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

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

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02

727-531-4441

Date

Daytime Phone #

CR2E037 (9/01)

0044088

FILED  
Apr 15, 2002 8:00 am  
Secretary of State

04-15-2002 90014 015 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE