

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001252

FILED  
Apr 24, 2005  
Secretary of State

Entity Name: LIGHTHOUSE - BEACON OF HOPE, INC.

**Current Principal Place of Business:**

1802 NEEDLES LANE  
LARGO, FL 33771

**New Principal Place of Business:**

**Current Mailing Address:**

1802 NEEDLES LANE  
LARGO, FL 33771

**New Mailing Address:**

FEI Number: 59-3504298

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ARMOOGAN, SHERRI ANN  
Address: 1802 NEEDLES W.  
City-St-Zip: LARGO, FL 33771

Title: VPD ( ) Delete  
Name: FRANCE, KRISTINE L  
Address: 1802 NEEDLES LN  
City-St-Zip: LARGO, FL 33771

Title: OT ( ) Delete  
Name: OVERCASHIER, DIANE  
Address: 2904 DIPLOMAT  
City-St-Zip: CLEARWATER, FL 33764

Title: O ( ) Delete  
Name: BRANKLEY, CAROLYN  
Address: 7360 OLMERTONRD #2A  
City-St-Zip: LARGO, FL 33771

Title: O ( ) Delete  
Name: HILDERBRAND, JOHN  
Address: 3500 10TH STREET NE  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: OD ( ) Delete  
Name: HILDERBRAND, PAULA  
Address: 3500 10TH ST. NE  
City-St-Zip: ST. PETERSBURG, FL 33704

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O (X) Change ( ) Addition  
Name: BRINKLEY, CAROLYN  
Address: 7360 OLMERTONRD #2A  
City-St-Zip: LARGO, FL 33771

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRI-ANN R. ARMOOGAN

PD

04/24/2005

Electronic Signature of Signing Officer or Director

Date