



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90120 035 \*\*\*\*61.25

<b>DOCUMENT # N98000001252</b> 1. Entity Name <b>LIGHTHOUSE - BEACON OF HOPE, INC.</b>					
Principal Place of Business <b>1802 NEEDLES LANE LARGO, FL 33771</b>			Mailing Address <b>1802 NEEDLES LANE LARGO, FL 33771</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-3504298</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>ARMOOGAN, SHERRI-ANN R 1802 NEEDLES LANE LARGO, FL 33771</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>5118-A COQUINA KEY DR. S.E.</b> City <b>ST. PETERSBURG</b> <b>FL</b> Zip Code <b>33705</b>	
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: <u><i>Sherrin Ann B. Armoogan</i></u> <small>Signature, typed or printed name of registered agent and use applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARMOOGAN, SHERRI ANN 1802 NEEDLES W LARGO, FL 33771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRANCE, KRISTINE L 1802 NEEDLES LN LARGO, FL 33771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OT SIMS, CARI 278 MCCLAIN DR MELBOURNE, FL 32935	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O CASLER-CROMWELL, ADRIENNE 8096 COTTONWOODE DR LARGO, FL 33773	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O FREUDENTHAL, RYAN 12190 70TH STREET N LARGO, FL 33773	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD AZAR, MARIE 11776 106TH AVE N SEMINOLE, FL 33778	<input type="checkbox"/> Delete			
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: <u><i>Sherrin Ann B. Armoogan</i></u> <b>4/18/08</b> <b>727-234-7034</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		