


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90006 019 \*\*\*\*61.25

**DOCUMENT # N99000005574**  
1. Entity Name  
**CARRABELLE LIGHTHOUSE ASSOCIATION, INC.**



Principal Place of Business: **1975 HWY 98 WEST  
CARRABELLE FL 32322**  
Mailing Address: **P.O. BOX 373  
CARRABELLE FL 32322**



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **59-3598484**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**REVELL, BARBARA  
2820 HWY. 98 EAST  
CARRABELLE FL 32322**

7. Name and Address of New Registered Agent  
Name: **Ronald Treutel**  
Street Address (P.O. Box Number is Not Acceptable): **1859 Hwy 98 W.**  
City: **CARRabelle** FL Zip Code: **32322**

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: *[Signature]* DATE: **2/3/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

TITLE: DP	<input type="checkbox"/> Delete
NAME: REVELL, BARBARA	
STREET ADDRESS: 2820 HWY 98 E	
CITY-ST-ZIP: CARRABELLE FL 32322	
TITLE: DVP	<input type="checkbox"/> Delete
NAME: SHIELDS, MARY ANN	
STREET ADDRESS: P.O. BOX 873	
CITY-ST-ZIP: CARRABELLE FL 32322	
TITLE: T	<input type="checkbox"/> Delete
NAME: STEPHENSON, BONNIE	
STREET ADDRESS: P.O. BOX 373	
CITY-ST-ZIP: CARRABELLE FL 32322	
TITLE: DS	<input checked="" type="checkbox"/> Delete
NAME: DEDRICK, ELIZ	
STREET ADDRESS: P.O. BOX 373	
CITY-ST-ZIP: CARRABELLE FL 32322	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: <b>DVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: <b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: <b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>RONALD TREUTEL</b>	
STREET ADDRESS: <b>1859 HWY. 98 W.</b>	
CITY-ST-ZIP: <b>CARRABELLE, FL 32322</b>	
TITLE: <b>DS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>CAROL ZURAWKA</b>	
STREET ADDRESS: <b>2606 HWY. 98 W.</b>	
CITY-ST-ZIP: <b>CARRABELLE, FL 32322</b>	

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: **RONALD A. TREUTEL** DATE: **2/3/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR