

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90022 026 ****61.25

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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

50015475



01182005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3598484

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TVEUTEL, RONALD
 1859 HWY 98 W
 CARRABELLE, FL 32322

Treutel

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Handwritten Signature]

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

2/14/05
 DATE

Filing Fee is \$61.25 Due by May 1, 2005

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 Delete
 NAME **DV REVELL, BARBARA**
 STREET ADDRESS **2820 HWY 98 E**
 CITY-ST-ZIP **CARRABELLE, FL 32322**

TITLE Delete
 NAME **DVP SHIELDS, MARY ANN**
 STREET ADDRESS **P.O. BOX 873**
 CITY-ST-ZIP **CARRABELLE, FL 32322**

TITLE Delete
 NAME **DP TVEUTEL, RONALD**
 STREET ADDRESS **1859 HWY 98 W**
 CITY-ST-ZIP **CARRABELLE, FL 32322**

TITLE Delete
 NAME **DS DEDRICK, ELIZ**
 STREET ADDRESS **P.O. BOX 373**
 CITY-ST-ZIP **CARRABELLE, FL 32322**

TITLE Delete
 NAME **DS ZURAWKA, CAROL**
 STREET ADDRESS **2606 HWY 98 W**
 CITY-ST-ZIP **CARRABELLE, FL 32322**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME **DT Deborah Kent**
 STREET ADDRESS **2472 US 98 W**
 CITY-ST-ZIP **Carrabelle, FL 32322**

TITLE Change Addition
 NAME **DH John Canetta**
 STREET ADDRESS **1329 Avondale way**
 CITY-ST-ZIP **Tallahassee, FL 32317**

TITLE Change Addition
 NAME **DA Mary Katzer**
 STREET ADDRESS **507 SE 10th St E**
 CITY-ST-ZIP **Carrabelle, FL 32322**

TITLE Change Addition
 NAME **Treutel, Ronald**
 STREET ADDRESS **1859 Hwy 98 W**
 CITY-ST-ZIP **Carrabelle, FL 32322**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05
 Date Daytime Phone #