

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90012 005 \*\*\*\*61.25

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<b>DOCUMENT # N99000005574</b>					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TREUTEL, RONALD 1859 HWY 98 W CARRABELLE, FL 32322			Delete		
			Name <u>Mary Katzer</u> DP		
			Street Address (P.O. Box Number is Not Acceptable) <u>507 SE 10th St E</u>		
			City <u>Carrabelle</u> FL Zip Code <u>32322</u>		
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>Mary T. Katzer</u>				DATE <u>2-7-06</u>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REVELL, BARBARA		NAME	John Canetta	
STREET ADDRESS	2820 HWY 98 E		STREET ADDRESS	1329 Avondale way	
CITY-ST-ZIP	CARRABELLE, FL 32322		CITY-ST-ZIP	Tallahassee, FL 32317	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIELDS, MARY ANN		NAME	Arlene Oehler	
STREET ADDRESS	P.O. BOX 873		STREET ADDRESS	PO Box 572	
CITY-ST-ZIP	CARRABELLE, FL 32322		CITY-ST-ZIP	Carrabelle, FL 32322	
TITLE	DA	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZER, MARY		NAME	Katzer, Mary	
STREET ADDRESS	507 SE 10TH ST E		STREET ADDRESS		
CITY-ST-ZIP	CARRABELLE, FL 32322		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREUTEL, RONALD		NAME		
STREET ADDRESS	1859 HWY 98 W		STREET ADDRESS		
CITY-ST-ZIP	CARRABELLE, FL 32322		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZURAWKA, CAROL		NAME		
STREET ADDRESS	2606 HWY 98 W		STREET ADDRESS		
CITY-ST-ZIP	CARRABELLE, FL 32322		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, DEBORAH		NAME		
STREET ADDRESS	2472 US 98 W		STREET ADDRESS		
CITY-ST-ZIP	CARRABELLE, FL 32322		CITY-ST-ZIP		
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>Deborah Kent</u>				DATE <u>2/7/06</u> DAYTIME PHONE # <u>850 697 9062</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	