

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005574

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Entity Name:** CARRABELLE LIGHTHOUSE ASSOCIATION, INC.

**Current Principal Place of Business:**

1975 HWY 98 WEST  
CARRABELLE, FL 32322

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 373  
CARRABELLE, FL 32322

**New Mailing Address:**

**FEI Number:** 59-3598484      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

OEHLER, ARLENE M  
609 W. THIRD STREET  
CARRABELLE, FL 32322      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: D  
Name: CANETTA, JOHN  
Address: 1329 AVONDALE WAY  
City-St-Zip: TALLAHASSEE, FL 32317

Title: PD  
Name: COX, LESLEY  
Address: PO BOX CC  
City-St-Zip: CARRABELLE, FL 32322

Title: D  
Name: OEHLER, ARLENE  
Address: 609 W. THIRD STREET  
City-St-Zip: CARRABELLE, FL 32322

Title: DS  
Name: SWAGGERTY, KATHY  
Address: 2518 HWY 98 E  
City-St-Zip: CARRABELLE, FL 32322

Title: DT  
Name: HARDIN, DELORES R  
Address: 130 HERDON RD  
City-St-Zip: CARRABELLE, FL 32322

I hereby 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 all other like empowered.

SIGNATURE: LESLEY COX

DP

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date