

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 708398 (3)**

1. Corporation Name  
**LIGHTHOUSE GALLERY, INC.**



Principal Place of Business

**373 TEQUESTA DRIVE  
P.O. BOX 3814  
TEQUESTA FL 33469**

Mailing Address

**373 TEQUESTA DRIVE  
P.O. BOX 3814  
TEQUESTA FL 33469**

2. Principal Place of Business  
21 **373 Tequesta Drive**  
22 Suite, Apt., or Box  
23 **Tequesta, FL**  
24 **33469-3027**  
25 Country **Palm Beach**  
26 2a. Mailing Address  
27 **373 Tequesta Drive**  
28 Suite, Apt., or Box  
29 **TEQUESTA, FL**  
30 **33469-3027**  
31 Country **Palm Beach**

3. Date Incorporated or Qualified  
**02/01/1965**  
3a. Date of Last Report  
**04/03/1995**  
4. FEI Number  
**59-1118672**  
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHRECENGOST, FAYE  
373 TEQUESTA DRIVE  
TEQUESTA FL 33458**

81 Name **Harry Messersmith**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**373 Tequesta Drive**  
83  
84 City **Tequesta** **FL** 85 Zip Code **33469-3027**

14. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Harry Messersmith, Executive Director**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOSLER, SUE ELLEN	
STREET ADDRESS	483 SO BEACH ROAD	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PILZ, JIM	
STREET ADDRESS	18345 S.E. CASSIA LANE	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STILLMAN, DONALD H.	
STREET ADDRESS	100 BEACH RD. #303	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	SCHRECENGOST, EVELYN F.	
STREET ADDRESS	373 TEQUESTA DRIVE	
CITY-ST-ZIP	TEQUESTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Godown, Diane	
1.3 STREET ADDRESS	19922 Wilkinson Leas Rd.	
1.4 CITY-ST-ZIP	Tequesta, FL 33469	
2.1 TITLE	Vice-President - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stelter, Paul	
2.3 STREET ADDRESS	3321 Southern Cay Drive	
2.4 CITY-ST-ZIP	Jupiter, FL 33477	
3.1 TITLE	Secretary - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bruns, Richard von K.	
3.3 STREET ADDRESS	74 Turtle Creek Drive	
3.4 CITY-ST-ZIP	Tequesta, FL 33469	
4.1 TITLE	Treasurer - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Imle, Albert	
4.3 STREET ADDRESS	16641 Narrows Drive	
4.4 CITY-ST-ZIP	Jupiter, FL 33477	
5.1 TITLE	Executive Director - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Harry Messersmith	
5.3 STREET ADDRESS	8664 S.E. Fairwinds Way	
5.4 CITY-ST-ZIP	Hobe Sound, FL 33455	
6.1 TITLE	000001738530	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-03/11/96--01032--002	
6.3 STREET ADDRESS	***70.00	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Harry Messersmith, Executive Director** (407) 746-3101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)