

FILE NOW: FILING FEE IS \$61.25

Amended

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97 OCT 20 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997

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



DOCUMENT # 709472

1. Corporation Name

CITE: The Lighthouse for Central Florida, Inc.

Principal Place of Business  
% Carol Adams  
215 E. New Hampshire Street  
Orlando, Florida 32804

Mailing Address

3. Date Incorporated or Qualified 3/17/89  
3a. Date of Last Report 2/11/97

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 215 E. New Hampshire		21 same		59-2418228		Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Orlando, FL.		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip 32804		25 Country Orange		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Carol Adams  
215 E. New Hampshire Street  
Orlando, FL. 32804

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	000002327880--7
83	-10/23/97--01058--003
84 City	*****61.25 *****61.25 FL

11. 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 Carol Adams Carol Adams, Executive Director 10-1-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Board President T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lou Frey, Jr.	1.2 NAME	
STREET ADDRESS	215 N. Eola Dr.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL. 32801	1.4 CITY-ST-ZIP	
TITLE	Vice President T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don Senterfitt	2.2 NAME	
STREET ADDRESS	P.O. Box 1907 A/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL. 32802	2.4 CITY-ST-ZIP	
TITLE	Treasurer T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack Elliott	3.2 NAME	
STREET ADDRESS	815 N. Magnolia Ave.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL. 32801	3.4 CITY-ST-ZIP	
TITLE	Secretary T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greg Burkett	4.2 NAME	
STREET ADDRESS	3300 University, Ste. 158	4.3 STREET ADDRESS	
CITY-ST-ZIP	Winter Park, FL. 32792	4.4 CITY-ST-ZIP	
TITLE	Executive Director T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol Adams	5.2 NAME	
STREET ADDRESS	215 E. New Hampshire St.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL. 32804	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: Carol Adams Carol Adams 10-1-97 407-898-2483  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)

56 10-22-97