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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandia B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

1997

DOCUMENT #749472

CITE: The Lighthouse for Central Florida,

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SECRETATIV OF STATE TALLAHASSEE, FLORIDA

PRISED PRICE TRANSPORT TO THE STATE OF THE S	Tur						
215 E. New Hampshire Street Orlando, Florida 32804  2. Proceed Summers 2. Making Address Address Address Address Address	Principal Place of Business Mailing Address						
Orlando, Florida 32804  3. Date incorporated or Qualified 3/17/89  2. Principal Piace of Suseness 21 215 P. New Hampshire 67 Same 59-2418228   Not Anglicable 59-241828   Not Anglicable 59-2418228	% Carol Adams	ů.					
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2. Principal Piace of Business   2a. Me ling Address   4. EFI Number   Applied For	Orlando, Florida 32804				9 Date Incorporated or Qualified	Se Date of Last Report	
2. Proposel Peace of Business   2a. Maining Address   59 - 2418228   Not Applicable   Soute, Apr. 4, etc.   27   Soute, Apr. 4, etc.   28   Soute, Apr. 4, etc.   27   Soute, Apr. 4, etc.   28   Soute, Apr. 4, etc.   27   Soute, Apr. 4, etc.   28   Soute, Apr. 4, etc.   27   Soute, Apr. 4, etc.   28   Soute, Apr. 4,							
Suite. Apt. #. etc.  22   27   27   27   27   27   27   27	2. Principal Place of Business	2a. Mailing Address			I		
Suite. Apt. #. etc.  22   27   27   27   27   27   27   27	21 215 E. New Hampshire	215 R. New Hampshire 🗫 . same			59-2418228	Not Applicable	
City & State   Country   Zip	Suite, Apt. #, etc						
23 ORlando, FL.   28		<del></del>			5. Certificate of class Besilea	Fee Required	
Zip   Country   Statement							
32804   25   CY2006   20   30   Florida Statutes   Ves   No			Country		<del></del>		
Carol Adams 215 E. New Hampshire Street Orlando, Fl. 32804  11. Pursuant to the projection of Sections 617,000 and 617,100E, Finite Statutes. the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the Obligations of Sections 617,000 and 617,	24 32804 25 Orange	29	30		· · · · · · · · · · · · · · · · · · ·	. ~	
Carol Adams 215 E. New Hampshire Street Orlando, Fl. 32804  B2 Street Address (P.O. Box Number is Not Acceptable)  B3	9. Name and Audress of Current Registered Agent				10. Name and Address of New Reg	istered Agent	
215 E. New Hampshire Street Orlando, Fl. 32804  23			81	Name			
Orlando, F1. 32804    State   City			82	Street Addres	ss (P.O. Box Number is Not Acceptabl	e)	
Title		Street	82	<del></del>	00000023	3278807	
11. Pursuant to the provisions of Socions 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, are familiar with, and accept the obligations of, Socion 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILE  DOTE TO THE TOWN OF THE TO	Orlando, Fl. 32804		89		-10/23/	9701058003	
Agen. I am lamillar with, and accept the obligations of. Section 617.0503, Florads Statutes.  SIGNATURE  SIGNATURE  Signature, typod or predict more of largestard and sect appealable (NCTE: Repealed Agen appealable reduced were centations)  T12.			84	City	非非非非行	1.25 病种物 6.6.25	
Agen. I am lamillar with, and accept the obligations of. Section 617.0503, Florads Statutes.  SIGNATURE  SIGNATURE  Signature, typod or predict more of largestard and sect appealable (NCTE: Repealed Agen appealable reduced were centations)  T12.	11. Pursuant to the provisions of Sections 617,0502 a	ind 617.1508. Florida Statutes	s. the above-	named corpo	ration submits this statement for the pa	proose of changing its registered	
SIGNATURE    Signature   Carrol   Carro	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, and accept the obligations of Section 617,0503. Florida Statutes						
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12  THE Board President T							
TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  TOPICATE  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  TOPICATE  TOPICATE  TOPICATE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  SECRET ADDRESS WINTER TADDRESS WINTER TADDRE	Stgnature, typod or printed name of registered agent a						
NAME			<del>-</del>		ADDITIONS/CHANGES TO OFFIC		
STREET ADDRESS CITY-ST-ZIP OT lando, Fl. 32801  THE Vice President T DELETE DON Senterfitt P.O. Box 1907 \ CITY-ST-ZIP OT lando, Fl. 32802  THE  THE  THE  DON Senterfitt P.O. Box 1907 \ CITY-ST-ZIP  THE  TREET ADDRESS CITY-ST-ZIP  THE  STREET ADDRESS CITY-ST-ZIP  THE  STREET ADDRESS CITY-ST-ZIP  THE  Greg Burkett  STREET ADDRESS STREE	Doard President	T Druce				Change Addition	
CITY-ST-ZIP  TILE  Vice President  NAME  Don Senterfitt P.O. Box 1907 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	STREET ADDRESS Lou Frey, Jr.			nubree			
TITLE	CITY-ST-71P Onlando El 72	0.01					
NAME STREET ADDRESS CITY-ST-ZIP  TILE  DON Senterfitt P.O. Box 1907 A  Orlande, Fl. 32802  The asurer  DELETE  STREET ADDRESS CITY-ST-ZIP  TILE  Secretary  Tokange  DELETE  Addition  Addition  STREET ADDRESS CITY-ST-ZIP  TILE  Secretary  Tokange  DELETE  Addition  Addition  Change  Addition	titic	DELETE	<del></del>		· · ·	Change Addition	
SIREEL ADDRESS CITY-ST-ZIP Orlando, Fl. 32802 Treasurer Treasurer Jack Elliott SIREEL ADDRESS CITY-ST-ZIP Orlando, FL. 32801  STREET ADDRESS CITY-ST-ZIP TITLE Secretary Total STREET ADDRESS TREET ADDRESS CITY-ST-ZIP TITLE Secretary Total STREET ADDRESS CITY-ST-ZIP TOT	NAMÉ	•	2.2 NAME				
CITY-ST-ZIP TITLE Treasurer Jack Elliott STREET ADDRESS CITY-ST-ZIP TITLE Secretary NAME STREET ADDRESS CITY-ST-ZIP TITLE Secretary NAME STREET ADDRESS CITY-ST-ZIP TITLE Secretary NAME STREET ADDRESS CITY-ST-ZIP TITLE Secretary STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	STREET ADDRESS DON Senteriitt		2.3 STREET A	DDRESS			
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STREET ADDRESS CITY-SI-ZIP  Secretary		DELETE				☐ Change ☐ Addition	
CITY-SI-ZIP  Orlando, FL. 32801  JACHY-SI-ZIP  ALCHY-SI-ZIP  Carol Adams  STREET ADDRESS  215 E. New Hamphire St.  CITY-SI-ZIP  Orlando, Fl. 32804  ALCHY-SI-ZIP  ALCHY-SI-ZIP  Change Addition  Alchy-Si-Zip	L Jack Elliott			ODDETEC			
THLE Secretary T DELETE 4.11ILE	i i i i nia na mavillia	AX81		1			
NAME Greg Burkett 4.2 NAME  *STREET ADDRESS 3300 University, Ste. 158 CITY-SI-ZIP Winter Park, FL. 32792 44 CITY-SI-ZIP  *ITILE Executive Director Delete Carol Adams STREET ADDRESS 215 E. New Hamphare St. 53 STREET ADDRESS CITY-SI-ZIP Orlando, F1. 32804 54 CITY-SI-ZIP  **TYPE CAROL Addition Change Addition Change Carol Change				- 411		Change Addition	
*STREET ADDRESS 3300 University, Ste. 158 4.3 STREET ADDRESS Winter Park, FL. 32792 4.4 CITY-ST-ZIP    TITLE		_				·	
INTLE    NAME   Carol Adams   STREET ADDRESS   215 E. New Hamphire St.   Street Address   S	*street ADDRESS 3300 University.	Ste. 158	4.3 STREET A	DORESS			
INTLE    NAME   Carol Adams   STREET ADDRESS   215 E. New Hamphire St.   Street Address   S	CITY-SI-ZIP Winter Park, FL.	32792	44 CITY-ST	- ZIP			
NAME Carol Adams  STREET ADDRESS 215 E. New Hamphire St.  CITY-ST-ZIP Orlando, F1. 32804 54 CITY-ST-ZIP	Bxecutive Direct	or T DELETE	51 TITLE			☐ Change ☐ Addition	
CHY-ST-ZIP Orlando, F1. 32804 54CHY-ST-ZIP	NAME   Çarol Adams	<b>.</b>					
TITLE   Change   Addition							
NAME STREET ADDRESS  63 STREET ADDRESS  54 27 - 97		NO4 TOFFEE		- ZIP	, ,	Change Addition	
STREET ADDRESS 63 STREET ADDRESS 540-27-77							
				DDRESS		36-22-7	
CITY-S1-ZIP 6.4 CITY-S1-ZIP						10	

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** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1-97

407-898-2483

\*Dayt me Phone #