


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 741612	
1. Entity Name LIGHTHOUSE FOR THE BLIND OF THE PALM BEACHES, INC.	

Principal Place of Business 7810 S DIXIE WEST PALM BEACH, FL 33405	Mailing Address 7810 S DIXIE WEST PALM BEACH, FL 33405
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01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6008622	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS S THOMPSON PRESIDENT/CEO 7810 S. DIXIE HIGHWAY LIGHTHOUSE FOR THE BLIND OF THE PALM BEACH WEST PALM BEACH, FL 33405
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KLETT, STANLEY D ESQ 8895 N. MILITARY TRL, STE D-302 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MCDERMOTT, LESLIE F 1208 MARINE WAY, APT A-107 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, NORRIS 168 EAST HAMPTON WAY JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRAWFORD, EDWARD W JR 506 KINGFISH ROAD NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, WILLIAM S 7810 SO, DIXIE HWY. WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000009203
01/20/04-80095-025 70.00

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12. I 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 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: W S Thompson **01-15-04** **561-586-5600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #