

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730754

**Entity Name:** LIGHTHOUSE OF SOUTHWEST FLORIDA, INC.**Current Principal Place of Business:**35 WEST MARIANA AVENUE  
NORTH FORT MYERS, FL 33903**Current Mailing Address:**P.O. BOX 3464  
N. FT. MYERS, FL 33918-3464**FEI Number:** 59-1665257**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ST. AMAND, DOTTY J.  
5452 GOVERNORS DRIVE  
FORT MYERS, FL 33907 US*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:** DOTTY J. ST. AMAND

06/09/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           SYKES, BRIAN  
Address        1136 SW 46TH STREET  
City-State-Zip: CAPE CORAL FL 33914

Title            CHIEF EXECUTIVE OFFICER  
Name           ST. AMAND, DOTTY J  
Address        5452 GOVERNORS DRIVE  
City-State-Zip: FORT MYERS FL 33907

Title            TREASURER  
Name           TURIANO, NORMAN  
Address        2222 SE 10TH TERRACE  
City-State-Zip: CAPE CORAL FL 33990

Title            DIRECTOR  
Name           MC ELROY, ARTHUR  
Address        9310 BRAMLEY TERRACE  
City-State-Zip: FORT MYERS FL 33967

Title            VICE PRESIDENT  
Name           TURNER, JILL  
Address        1249 MORNINGSIDE DRIVE  
City-State-Zip: FORT MYERS FL 33901

Title            DIRECTOR  
Name           CONNELL, EVAN  
Address        6601 CEDARWOOD AVENUE  
City-State-Zip: FORT MYERS FL 33905

Title            SECRETARY  
Name           CLARK, SHEILA  
Address        20161 BRAVADA STREET, UNIT 2  
City-State-Zip: ESTERO FL 33928

Title            DIRECTOR  
Name           GREEN, JACK  
Address        11619 GIULIA DRIVE  
City-State-Zip: FORT MYERS FL 33913

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*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:** DOTTY J ST. AMAND

CEO

06/09/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	GITTENS, GWYNETTA
Address	2705 48TH ST SW
City-State-Zip:	CAPE CORAL FL 33976