

2021 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

04/01/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title 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, TREASURER
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

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

Continues on page 2

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 ST. AMAND

CEO

04/01/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name O'DONNELL, PATRICIA
Address 4291 WILLIAMS ROAD
City-State-Zip: ESTERO FL 33928

Title DIRECTOR
Name CICCARELLO, MICHAEL
Address 24 LIVE OAK LANE
City-State-Zip: FORT MYERS FL 33905

Title DIRECTOR
Name LLECHU, ARMANDO
Address 9981 S HEALTHPARK DRIVE 1ST
FLOOR ADMINISTRATION
City-State-Zip: FORT MYERS FL 33908