

2023 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****04/24/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

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

Title DIRECTOR
Name DORCY, JOSHUA
Address 16490 OAKVIEW CIR
City-State-Zip: ALVA FL 33920

Title DIRECTOR
Name JACOBSON, JORDAN
Address 20050 BARLETTA LN
215
City-State-Zip: ESTERO FL 33928

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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 ST. AMAND**CEO****04/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MONROE, KATHY
Address 13420 HIDDEN PALMS COVE
City-State-Zip: FT MYERS FL 33908

Title DIRECTOR
Name BRIDGE-LILES, KATHY
Address 4496 MYSTIC BLUE WAY
City-State-Zip: FT MYERS FL 33966