

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741612

Entity Name: LIGHTHOUSE FOR THE BLIND OF THE PALM BEACHES, INC.**Current Principal Place of Business:**1710 E. TIFFANY DR
FIRST FLOOR
WEST PALM BEACH, FL 33407**Current Mailing Address:**1715 E. TIFFANY DR.
WEST PALM BEACH, FL 33407**FEI Number:** 59-6008622**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TANCK, MARVIN A
1715 E. TIFFANY DR
LIGHTHOUSE FOR THE BLIND OF THE PALM BEACH
WEST PALM BEACH, FL 33407 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title TREASURER, DIRECTOR

Name ALBANO, RONALD DR.

Address 325 NW 22ND ST

City-State-Zip: DELRAY FL 33444

Title PRESIDENT

Name TANCK, MARVIN A

Address 1715 E. TIFFANY DR

City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR

Name CANO, DAVID B DR.

Address 9316 NUGENT TRAIL

City-State-Zip: WEST PALM BEACH FL 33411

Title DIRECTOR

Name MICHELS, MARK DR.

Address 3399 PGA BLVD
350

City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR

Name PRESTON, ALLEN

Address 82 KINGWOOD EAST

City-State-Zip: WEST PALM BEACH FL 33417

Title VC, DIRECTOR

Name QUINETTE, WILLIAM E

Address 1839 SW 17TH STREET

City-State-Zip: BOYNTON BEACH FL 33426

Title CHAIRMAN

Name MICKENS, DONTE

Address 4635 DANSON WAY

City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR

Name JASPER, APRIL L. DR.

Address P.O. BOX 2375

City-State-Zip: WEST PALM BEACH FL 33402

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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: MARVIN A. TANCK**PRESIDENT****04/27/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	SECRETARY, DIRECTOR
Name	JORDAN, ANTHONY
Address	20 PORTA VISTA CIRCLE
City-State-Zip:	PALM BEACH GARDENS FL 33418