2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2015
Secretary of State
CC9611609165

DOCUMENT# 769472

Entity Name: LIGHTHOUSE CENTRAL FLORIDA, INC.

Current Principal Place of Business:

215 E NEW HAMPSHIRE ST
ORLANDO, FL 32804

Current Mailing Address:

215 E NEW HAMPSHIRE ST
ORLANDO, FL 32804

FEI Number: 59-2418228

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NASEHI, LEE
215 E NEW HAMPSHIRE ST
ORLANDO, FL 32804 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	DIRECTOR
Name	ROSS, JOELLEN
Address	7637 NEW BROAD STREET
City-State-Zip:	ORLANDO FL 32814

Title	VP, CFO
Name	ESBENSEN, DONNA J
Address	215 E NEW HAMPSHIRE ST
City-State-Zip:	ORLANDO FL 32804

Title	P/O
Name	NASEHI, LEE
Address	215 E NEW HAMPSHIRE STREET
City-State-Zip:	ORLANDO FL 32804

Title	TREASURER, DIRECTOR
Name	URBACH, NANCY L
Address	1417 EAST CONCORD
City-State-Zip:	ORLANDO FL 32803

Title	DIRECTOR
Name	LEHR, JOHN .
Address	1911 N. MILLS AVENUE
City-State-Zip:	ORLANDO FL 32803

Title	DIRECTOR
Name	DEVINE, PATRICIA D
Address	25 INTERLAKEN ROAD
City-State-Zip:	ORLANDO FL 32804

Title	DIRECTOR
Name	MC FADDEN, JEFF K
Address	610 NORTH WYMORE ROAD
City-State-Zip:	MAITLAND FL 32751

Title	CHAIRMAN, DIRECTOR
Name	HULL, ALEX
Address	3000 DOVERA DRIVE, SUITE 200
City-State-Zip:	OVIEDO FL 32745

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: DONNA ESBENSEN VP/CFO 03/16/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BERES, STEVE
Address	111 NORTH ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32801

Title	VC, DIRECTOR
Name	STAHL, DAVID
Address	2006 ALOMA AVE
City-State-Zip:	WINTER PARK FL 32792

Title	DIRECTOR
Name	A;EXAMDER, STEVE
Address	NEW YORK LIFE 495 KELLER ROAD
City-State-Zip:	MAITLAND FL

Title	DIRECTOR
Name	GUENSCH, KATRINA
Address	973 VICTORIA TERRACE
City-State-Zip:	ALTAMONTE SPRINGS FL 32707

Title	DIRECTOR
Name	RICHMOND, PRESTON DR.
Address	CENTRAL FLORIDA RETINA 44 LAKE BEAUTY DR. SUITE 300
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	WESLEY, ERIKA
Address	6201 SOUTH FREEWAY
City-State-Zip:	FT. WORTH TX 76134

Title	SECRETARY, DIRECTOR
Name	PREWITT, PAUL C.
Address	207 E. LIVINGSTON STREET
City-State-Zip:	ORLANDO FL 32801

Title	DIRECTOR
Name	SALIBA, SY SR.
Address	FLORIDA HOSPITAL 550 ROLLINS STREET
City-State-Zip:	ORLANDO FL 32803

Title	DIRECTOR
Name	LANGMANN, THOMAS
Address	PREMIER PROPERTIES LLC 110 N. ORLANDO AVE
City-State-Zip:	MAITLAND FL 32751