

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769472

Entity Name: LIGHTHOUSE CENTRAL FLORIDA, INC.**Current Principal Place of Business:**215 E NEW HAMPSHIRE ST
ORLANDO, FL 32804**Current Mailing Address:**2500 KUNZE AVE
ORLANDO, FL 32806 US**FEI Number:** 59-2418228**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NASEHI, LEE
2500 KUNZE AVE
ORLANDO, FL 32806 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	P/O
Name	NASEHI, LEE
Address	2500 KUNZE AVE
City-State-Zip:	ORLANDO FL 32806
Title	CHAIRMAN, DIRECTOR
Name	HULL, ALEX
Address	3000 DOVERA DRIVE, SUITE 200
City-State-Zip:	OVIEDO FL 32745
Title	VC, DIRECTOR
Name	STAHL, DAVID
Address	2006 ALOMA AVE
City-State-Zip:	WINTER PARK FL 32792

Title	DIRECTOR
Name	DEVINE, PATRICIA D
Address	25 INTERLAKEN ROAD
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	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

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: LEE NASEHI**PRESIDENT****03/30/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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

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