

2017 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: Yes****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 DEVINE, PATRICIA D
Address 25 INTERLAKEN ROAD
City-State-Zip: ORLANDO FL 32804

Title TREASURER, DIRECTOR
Name URBACH, NANCY L
Address 1030 W CANTON AVE
City-State-Zip: WINTER PARK FL 32789

Title SECRETARY
Name WESLEY, ERIKA
Address 2500 KUNZE AVE
City-State-Zip: ORLANDO FL 32806

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

Title P/O
Name NASEHI, LEE
Address 2500 KUNZE AVE
City-State-Zip: ORLANDO FL 32806

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

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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: LEE NASEHI**PRESIDENT AND CEO****04/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 ENNIS, KATHRYN L
Address 2500 KUNZE AVE
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name POSKUS, MICHELLE
Address 2500 KUNZE AVE
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name SPOONE, DAN
Address 2500 KUNZE AVE
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name WEISS, DANNON
Address 2500 KUNZE AVE
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name EISENBERG, GREG
Address 2500 KUNZE AVE
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name MATTHEWS, CATHY
Address 2500 KUNZE AVE
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name SAWANT, ANIKET
Address 2500 KUNZE AVE
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name WEINER, DOUG
Address 2500 KUNZE AVE
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name JOHNSON, EDWARD
Address 2500 KUNZE AVE
City-State-Zip: ORLANDO FL 32806