

**2024 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:**JOHNSON, KYLE  
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:** KYLE JOHNSON

02/01/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title CEO, PRESIDENT  
Name JOHNSON, KYLE  
Address 2500 KUNZE AVE  
City-State-Zip: ORLANDO FL 32806

Title SECRETARY  
Name REARDON-BARK, EMILY  
Address 2500 KUNZE AVE  
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR, TREASURER  
Name HOLLAND, ANDREW  
Address 2500 KUNZE AVE  
City-State-Zip: ORLANDO FL 32806

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

Title EVP, VP  
Name STUNKARD, KALEB  
Address 2500 KUNZE AVE  
City-State-Zip: ORLANDO FL 32806

**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:** KYLE JOHNSON

CEO

02/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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