

2013 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:**215 E NEW HAMPSHIRE ST
ORLANDO, FL 32804**FEI Number:** 59-2418228**Certificate of Status Desired:** No**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	T/D
Name	ROSS, JOELLEN
Address	300 SOUTH ORANGE AVE, SUITE 775
City-State-Zip:	ORLANDO FL 32801

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	DIRECTOR
Name	HIGGINS, ERIKA
Address	20 W. LUCERNE CIRCLE #305
City-State-Zip:	ORLANDO FL 32801

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

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

Title	VC/D
Name	JOHNSON, SUSAN
Address	329 NORTH PARK AVE #105
City-State-Zip:	WINTER PARK FL 32789

Title	DIRECTOR
Name	ALLEN, AMANDA
Address	10549 SATINWOOD CIRCLE
City-State-Zip:	ORLANDO FL 32825

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**VICE PRESIDENT, CFO****01/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name AMENDOLA, JEANNIE
Address 1375 BUENA VISTA DRIVE
City-State-Zip: LADE BUENA VISTA FL 32830

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

Title DIRECTOR
Name IHRIG, PAUL
Address 5820 BEAR LAKE CIRCLE
City-State-Zip: APOPKA FL 32703

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