

**2015 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: 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