

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005316

Entity Name: LIGHTHOUSE HOMESCHOOLERS, INC.

Current Principal Place of Business:

4410 SCOTTSWOOD DRIVE
LAKELAND, FL 33813

Current Mailing Address:

P.O. BOX 631
HIGHLAND CITY, FL 33846

FEI Number: 01-0736930

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPANGLER, SYLVANA R.
4410 SCOTTSWOOD DRIVE
LAKELAND, FL 33813 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: SYLVANA SPANGLER

04/30/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JONES, JODI
Address 5021 SHELLEY CT
City-State-Zip: LAKELAND FL 33805

Title VP
Name SMITH, KIMBERLY
Address 4761 HIGHLAND PLACE CIRCLE
City-State-Zip: LAKELAND FL 33813

Title SECRETARY
Name SALYER, JOHNNAL
Address 9955 KISSENGEN AVE
City-State-Zip: BARTOW FL 33830

Title TREASURER
Name SPANGLER, SYLVANA
Address 4410 SCOTTSWOOD DRIVE
City-State-Zip: LAKELAND FL 33813

Title OFFICER
Name HAYWARD, JENNIFER
Address 2720 HIGHLANDS VUE PKWY
City-State-Zip: LAKELAND FL 33812

Title OFFICER
Name LAFLER, TRACY
Address 805 NORTH COLLINS STREET
City-State-Zip: PLANT CITY FL 33563

Title OFFICER
Name RAINS, LAURA
Address 6154 RIVERLAKE BLVD
City-State-Zip: BARTOW FL 33830

Title OFFICER
Name WISE, HEATHER
Address 110 VICTORIA MANOR LOOP
 APT 205
City-State-Zip: LAKELAND FL 33805

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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: SYLVANA SPANGLER

TREASURER

04/30/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name KNOWLTON, DANETTE
Address 2605 HICKORY VIEW LOOP
City-State-Zip: LAKELAND FL 33813

Title OFFICER
Name AUST, JENNIFER
Address 8946 HAMMOCK LOOP
City-State-Zip: POLK CITY FL 33868

Title OFFICER
Name THORNTON, WENDY
Address 6048 KALEY DR
City-State-Zip: WINTER HAVEN FL 33880

Title OFFICER
Name DONAHUE, ASHLEIGH
Address 3155 DOVE LANE
City-State-Zip: MULBERRY FL 33160