

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005316

**Entity Name:** LIGHTHOUSE HOMESCHOOLERS, INC.

**Current Principal Place of Business:**

5021 SHELLEY CT  
LAKELAND, FL 33805

**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:**

JONES, JODI  
5021 SHELLEY CT  
LAKELAND, FL 33805 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: JODI JONES**

**01/18/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SHARRETT, KRISTINA  
Address 331 EASTON DR  
City-State-Zip: LAKELAND FL 33803

Title S  
Name PAPE, SAMANTHA  
Address 2075 HIGH VISTA DR  
City-State-Zip: LAKELAND FL 33813

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

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

Title D  
Name POURROY, CHRISTINA  
Address 215 VICTOR RD  
City-State-Zip: LAKELAND FL 33809

*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: JODI JONES**

**TREASURER**

**01/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date