

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005316

Entity Name: LIGHTHOUSE HOMESCHOOLERS, INC.

Current Principal Place of Business:

406 VINEYARD DRIVE
LAKELAND, FL 33809

Current Mailing Address:

P.O. BOX 631
HIGHLAND CITY, FL 33846

FEI Number: 01-0736930

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SPANGLER, SYLVANA R.
406 VINEYARD DRIVE
LAKELAND, FL 33809 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

04/30/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SYLVANA, SPANGLER
Address 406 VINEYARD DRIVE
City-State-Zip: LAKELAND FL 33809

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

Title OFFICER, SECRETARY
Name VALERIE, EICH
Address 724 SUCCESS AVE
City-State-Zip: LAKELAND FL 33801

Title OFFICER, TREASURER
Name SPANGLER, GARY
Address 406 VINEYARD DRIVE
City-State-Zip: LAKELAND FL 33809

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

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

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

Title OFFICER, SOCIAL ACTIVITIES
COORDINATOR
Name FELICIANO CONSUEGRA, CHRISTINA
Address 8564 NORTH CAMPBELL ROAD
City-State-Zip: LAKELAND FL 33810

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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

DIRECTOR

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title OFFICER, WEB/FORUM ADMINISTRATOR
Name MEADOWS, LORI
Address 1557 EXCALIBUR COURT
City-State-Zip: LAKELAND FL 33813

Title OFFICER, PRAYER AND CARE
COORDINATOR
Name BUTLER, MARCIA
Address 1820 CAMBRIDGE COVE CIRCLE
APARTMENT 102
City-State-Zip: LAKELAND FL 33810