

**2021 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: No**

**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

04/14/2021

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, LIVING ARTS  
COORDINATOR  
Name EDWARDS, REBEKAH  
Address 4039 PAUL ROAD  
City-State-Zip: LAKELAND FL 33810

Title OFFICER, SECRETARY  
Name TAYLOR, JOANNA  
Address 2973 BLACKWATER CREEK DR  
City-State-Zip: LAKELAND FL 33810

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 FELICIANO CONSUEGRA, CHRISTINA  
Address 8564 NORTH CAMPBELL ROAD  
City-State-Zip: LAKELAND FL 33810

Title OFFICER, PRAYER AND CARE  
COORDINATOR  
Name FESENMEYER, MELISSA  
Address 187 LAKE ARIETTA CT  
City-State-Zip: AUBURNDALE FL 33823

Title OFFICER, WEB/FORUM  
ADMINISTRATOR  
Name KING, PHILIP  
Address 1540 N LAKE MIRROR DR NW  
City-State-Zip: WINTER HAVEN FL 33881

**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:** GARY SPANGLER

TREASURE

04/14/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           OFFICER, SOCIAL ACTIVITIES COORDINATOR  
Name           STEPHANIE, WILKERSON  
Address        1256 WOODLAND AVE  
City-State-Zip: LAKELAND FL 33801