

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

08/04/2016

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            PAPE, SAMANTHA  
Address        2075 HIGH VISTA DRIVE  
City-State-Zip: LAKELAND FL 33813

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

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

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 R. SPANGLER

**TREASURER**

08/04/2016

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 SHARETT, KRISTINA  
Address 331 EASTON DRIVE  
City-State-Zip: LAKELAND FL 33803

Title OFFICER  
Name BISCHOFF, RENEE  
Address 372 MAGNETA LOOP  
City-State-Zip: AUBURNDALE FL 33823