2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005316

Entity Name: LIGHTHOUSE HOMESCHOOLERS, INC.

FILED Jun 24, 2020 Secretary of State 1003797950CC

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 06/24/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR Title OFFICER, LIVING ARTS COORDINATOR

Name SYLVANA, SPANGLER EDWARDS, REBEKAH Name Address 406 VINEYARD DRIVE 4039 PAUL ROAD Address

City-State-Zip: LAKELAND FL 33809 City-State-Zip: LAKELAND FL 33810

Title OFFICER, SECRETARY

OFFICER, TREASURER Title Name TAYLOR, JOANNA Name SPANGLER, GARY Address 2973 BLACKWATER CREEK DR 406 VINEYARD DRIVE Address City-State-Zip: LAKELAND FL 33810 City-State-Zip: LAKELAND FL 33809

Title OFFICER, BEACON EDITOR

Title OFFICER, ADVISOR Name WISE. HEATHER

Name FELICIANO CONSUEGRA, CHRISTINA Address 110 VICTORIA MANOR LOOP

APT 205

City-State-Zip:

City-State-Zip: LAKELAND FL 33810 City-State-Zip: LAKELAND FL 33805

Title OFFICER, WEB/FORUM Title OFFICER, PRAYER AND CARE

ADMINISTRATOR COORDINATOR

Name MEADOWS, LORI Name BUTLER, MARCIA

Address 1557 EXCALIBUR COURT 1820 CAMBRIDGE COVE CIRCLE Address **APARTMENT 102**

City-State-Zip: LAKELAND FL 33813 LAKELAND FL 33810

Continues on page 2

Address

8564 NORTH CAMPBELL ROAD

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 06/24/2020 **TREASURE**

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