

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010710

**Entity Name:** LIGHTHOUSE WORKS!, INC.**Current Principal Place of Business:**215 E NEW HAMPSHIRE ST  
ORLANDO, FL 32804**Current Mailing Address:**215 E NEW HAMPSHIRE ST  
ORLANDO, FL 32804**FEI Number:** 27-4598398**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 N ORANGE AVE SUITE 1400  
ORLANDO, FL 32801 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D, VC  
Name SKAMBIS, CHRIS  
Address 715 VASSAR ST  
City-State-Zip: ORLANDO FL 32804

Title D, TREASURER  
Name IHRIG, PAUL  
Address 5820 BEAR LAKE CIRCLE  
City-State-Zip: APOPKA FL 32703

Title D  
Name MCCARTHY, ANDREW  
Address 915 W 2ND AVE  
City-State-Zip: WINDERMERE FL 34786

Title VP, CFO  
Name ESBENSEN, DONNA J  
Address 215 E NEW HAMPSHIRE ST  
City-State-Zip: ORLANDO FL 32804

Title D  
Name ROSS, JOELLEN  
Address 300 S ORLANDO AVE  
City-State-Zip: ORLANDO FL 32801

Title D, CHAIRMAN  
Name ROSS, TOM  
Address 1208 PARK AVE  
City-State-Zip: WINDERMERE FL 34786

Title O  
Name NASEHI, LEE A  
Address 215 E NEW HAMPSHIRE STREET  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name BRIDEWELL, DAVID W  
Address 310 KINGS WAY  
City-State-Zip: WINTER PARK FL 32789

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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: DONNA ESBENSEN****VICE PRESIDENT, CFO****01/23/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                DEVINE, DAN  
Address             2021 DOWN WOODS LANE  
City-State-Zip:    WINDERMERE FL 34786

Title                 DIRECTOR  
Name                SAYER, DWIGHT  
Address             259 REGAL DOWNS CIRCLE  
City-State-Zip:    WINTER GARDEN FL 34787

Title                 DIRECTOR  
Name                NOLTE, DENNIS  
Address             631 W. MORSE BLVD  
City-State-Zip:    WINTER PARK FL 32789