

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001252

Entity Name: LIGHTHOUSE - BEACON OF HOPE, INC.**Current Principal Place of Business:**1802 NEEDLES LANE
LARGO, FL 33771**Current Mailing Address:**1802 NEEDLES LANE
LARGO, FL 33771**FEI Number: 59-3504298****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ARMOOGAN, SHERRI-ANN R
1802 NEEDLES LANE W
LARGO, FL 33771 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	PRESIDENT
Name	ARMOOGAN, SHERRI A
Address	1900 58TH AVENUE N S28
City-State-Zip:	SAINT PETERSBURG FL 33714

Title	OFFICER
Name	SIMS, CARI
Address	3412 RUSHING WATERS
City-State-Zip:	WEST MELBOURNE FL 32904

Title	OFFICER
Name	SINGLETON, FELICIA
Address	1454 BAY HARBOR DRIVE #308
City-State-Zip:	PALM HARBOR FL 34685

Title	VP
Name	FRANCE, KRISTINE L
Address	1802 NEEDLES LN
City-State-Zip:	LARGO FL 33771
Title	OFFICER
Name	WEDGES, KATHY-ANN REBECCA
Address	1006 MICAH'S WAY N
City-State-Zip:	SPRING LAKE NC 28390

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: SHERRI-ANN ARMOOGAN**PRESIDENT****03/04/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date