2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2005 8:00 am Secretary of State 02-01-2005 90020 027 ****61.25

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LIGHTHOUSE CENTER FOR THE ARTS, INC. Principal Place of Business Mailing Address 373 TEQUESTA DRIVE **373 TEQUESTA DRIVE** 40009974 TEQUESTA, FL 33469 TEOUESTA, FL 33469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 59-1118672 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INSERRA, MARGARET Street Address (P.O. Box Number is Not Acceptable) 373 TEQUESTA DRIVE TEQUESTA, FL 33469 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition FRANKENTHAL, CHARLES MAME NAME STREET ADDRESS 63 RIVER DR. STREET ADDRESS TEQUESTA, FL 33469 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT Addition ☐ Delete TITI F TITLE ☐ Change SUSAN N. SPENCER BARDIN, SUSAN NAME NAME 11188 TURTLE BEACHED 90 FAIRVIEW EAST STREET ADDRESS STREET ADDRESS NORTH PALM TEACH, PL 33408 CITY-ST-7IP TEQUESTA, FL 33469 CITY-ST-7IP VP Delete VICE PRESIDENT Addition TITLE TITLE ☐ Change NAME GRAVELLE, FREDERICK H NAME BRUCE HEARD 18200 SE CASSIA LANE 18296 CASSIA LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TEQUESTATEL 33469 CITY-ST-ZIP TEQUESTA, FL 33469 ☐ Delete Change ☐ Addition CARTER, SIDNEY D NAME NAME 235 RIVER DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TEQUESTA, FL 33469 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition INSERRA-AICHELE, MARGARET C NAME 373 TEQUESTA DRIVE STREET ADDRESS STREET ADDRESS TEQUESTA, FL 33469 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition LENAHAN, SELDON T NAME NAME 10745 WATERFORD PL. STREET ADDRESS STREET ADDRESS CITY-ST-7IP WEST PALM BEACH, FL 33412 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if

changed, or on an attachment with an address, with all oth like empowered.

Massax SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR