

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90119 026 \*\*\*\*61.25

**DOCUMENT # 708398**

1. Entity Name

**LIGHTHOUSE CENTER FOR THE ARTS, INC.**



Principal Place of Business

**373 TEQUESTA DRIVE  
TEQUESTA FL 33469**

Mailing Address

**373 TEQUESTA DRIVE  
TEQUESTA FL 33469**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1118672**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSERRA, MARGARET  
373 TEQUESTA DRIVE  
TEQUESTA FL 33469**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                                                  |                                            |
|----------------|------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME  | <b>S</b>                                                         | <input type="checkbox"/> Delete            |
| STREET ADDRESS | <b>FRANKENTHAL, CHARLES</b>                                      |                                            |
| CITY-ST-ZIP    | <b>63 RIVER DR.<br/>TEQUESTA FL 33469</b>                        |                                            |
| TITLE<br>NAME  | <b>VPD</b>                                                       | <input type="checkbox"/> Delete            |
| STREET ADDRESS | <b>CLOUTIER-MCNEALY, PATRICIA</b>                                |                                            |
| CITY-ST-ZIP    | <b>62 TURTLE CREEK DRIVE<br/>TEQUESTA FL 33469</b>               |                                            |
| TITLE<br>NAME  | <b>VPD</b>                                                       | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | <b>HENRY, THOMAS JR</b>                                          |                                            |
| CITY-ST-ZIP    | <b>9972 SE OAK TREE TERRACE<br/>TEQUESTA FL 33469</b>            |                                            |
| TITLE<br>NAME  | <b>TD</b>                                                        | <input type="checkbox"/> Delete            |
| STREET ADDRESS | <b>ALTHOLZ, HERBERT</b>                                          |                                            |
| CITY-ST-ZIP    | <b>11974 SO. EDGEWATER DRIVE<br/>PALM BEACH GARDENS FL 33410</b> |                                            |
| TITLE<br>NAME  | <b>D</b>                                                         | <input type="checkbox"/> Delete            |
| STREET ADDRESS | <b>INSERRA, MARGARET</b>                                         |                                            |
| CITY-ST-ZIP    | <b>373 TEQUESTA DRIVE<br/>TEQUESTA FL 33469</b>                  |                                            |
| TITLE<br>NAME  | <b>P</b>                                                         | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | <b>BYRNE, EMMET</b>                                              |                                            |
| CITY-ST-ZIP    | <b>12161 N EDGEWATER DRIVE<br/>PALM BEACH GARDENS FL 33410</b>   |                                            |

|                |                                                            |                                                                              |
|----------------|------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME  |                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                                                            |                                                                              |
| CITY-ST-ZIP    |                                                            |                                                                              |
| TITLE<br>NAME  |                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                                                            |                                                                              |
| CITY-ST-ZIP    |                                                            |                                                                              |
| TITLE<br>NAME  | <b>VICE-PRESIDENT</b>                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | <b>PETER NEWSHAM</b>                                       |                                                                              |
| CITY-ST-ZIP    | <b>18540 SE HERITAGE DR.<br/>TEQUESTA, FL 33469</b>        |                                                                              |
| TITLE<br>NAME  |                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                                                            |                                                                              |
| CITY-ST-ZIP    |                                                            |                                                                              |
| TITLE<br>NAME  |                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                                                            |                                                                              |
| CITY-ST-ZIP    |                                                            |                                                                              |
| TITLE<br>NAME  | <b>PRESIDENT</b>                                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | <b>SHELDON T. LEMAHAN</b>                                  |                                                                              |
| CITY-ST-ZIP    | <b>10745 WATERFORD PLACE<br/>WEST PALM BEACH, FL 33412</b> |                                                                              |

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 other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED / Margaret C. Feb 26 2003 501-746-301*

CR2E037 (10/02)