

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90363 013 \*\*\*\*61.25



**DOCUMENT # 712735**  
 1. Entity Name  
**LIGHTHOUSE OF PINELLAS, INC.**

Principal Place of Business  
 6925 112 CIR N  
 S103  
 LARGO, FL 33773 US

Mailing Address  
 6925 112 CIR N  
 S103  
 LARGO, FL 33773 US



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04032006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 23-7042938 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SARNO, MARK DR**  
**8675 LONGWOOD DR**  
**LARGO, FL 33777**

7. Name and Address of New Registered Agent  
 Name **JAMIE B. NEILSON, CHAIRMAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**905 BARBER DRIVE**  
 City **CLEARWATER** FL Zip Code **33764**

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 DATE **04-20-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VC NEILSON, JAMIE 905 BARBER DRIVE CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB SARNO, MARK DR. 8657 LONGWOOD DRIVE LARGO, FL 33777 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VC FOLLO, TAMMY 2874 WESCOTT DRIVE PALM HARBOR, FL 34684 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HECKLER, LYNN 560 CARILLON PARKWAY SAINT PETERSBURG, FL 33716 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMES, STACY 100 SECOND AVE SOUTH SAINT PETERSBURG, FL 33701 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENTER, ED 8335 37TH AVE N. SAINT PETERSBURG, FL 33710 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VC/TREASURER LYNN HECKLER 17041 DOLPHIN DR. N. REDINGTON BEACH, FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VC JANET HENDERSON 1135 VICTORIA DR. DUNEDIN, FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUTH HARRIS 1621 YOUNG AVE. CLEARWATER, FL 33756 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D C. CHRISTOPHER COMSTOCK 1951 MICHIGAN AVE, NE ST. PETERSBURG, FL 33703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK SARNO 8657 LONGWOOD DR. LARGO, FL 33777-1310 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH DONAHEY 50 WOOD GLEN CT. OLDSMAR, FL 34677 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: DATE **04-20-06** DAYTIME PHONE # **727-544-4433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR