SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $125 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $400)

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 10 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726680 (2)

1. Corporation Name
LIGHTHOUSE CHILDREN'S HOME, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7771 MAHAN ROAD TALLAHASSEE FL 32308	7771 MAHAN ROAD TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: 06/12/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1725801 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HALLMARK, FRED C.
3128 LOUISE STREET
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HUDSON BILLY	1.2 NAME	
STREET ADDRESS	1301 LAKESIDE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	BURKE KELLY	2.2 NAME	
STREET ADDRESS	10873 WADESBORO RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	RAY, DR. RANDY	3.2 NAME	
STREET ADDRESS	3000 N MERIDIAN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WELDON, BILL	4.2 NAME	
STREET ADDRESS	380 CASTLETON CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, LAMAR	5.2 NAME	
STREET ADDRESS	5220 CRAWFORDVILLE HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	MERRITT, KATOR	6.2 NAME	
STREET ADDRESS	276 TIMBERLANE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fred C. Hallmark Fred C. Hallmark (904) 576-1567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone)
6-30-95

000046

726680

LIGHTHOUSE CHILDREN'S HOME
BOARD OF DIRECTORS

PRESIDENT
Billy Hudson
1301 Lakeside Dr.
Tallahassee, Fl. 32303
562-2775 Cell. 556-0392

VICE PRESIDENT
Kelly Burke
10873 Wadesboro Rd.
Tallahassee, Fl 32311
878-7314

SECRETARY
Kator Merritt
276 Timberlane Rd.
Tallahassee, Fl. 32312
385-2209

TREASURER
Lamar Williams
5220 Crawfordville Rd.
Tallahassee, Fl. 32310
877-1553

****

MEMBERS:

Dr. Randy Ray
3000 N. Meridian Rd.
Tallahassee, FL 32312
H-671-1877, W-385-7181

J.L Ward
P.O Box 553
Bainbridge, GA 31717
H- (912) 246-3352 W- (921)246-3354

Fred Hallmark
3128 Louise St.
Tallahassee, Fl. 32304
576-1567

Gary Brown
2465 Thornton Rd.
Tallahassee, Fl. 32308
H-942-1108 W-877-2226

Bill Weldon
380 Castleton Circle
Tallahassee, Fl. 32312
H-385-7303 W-385-6214

Glen Kirkland
1018 Old Albany Rd.
Thomasville, Ga. 31792
H-(912) 226-9420 W-226-4249

Robert Beach
Rt. 4 Box 161
Quincy, Fl. 32351
627-3245

Bill Newton
5036 Centennial Oak Circle
Tallahassee, Fl. 32308
878 5036

DIRECTOR

Dr. David Loser
7771 Mahan Dr.
Tallahassee, Fl. 32308
H-878-4112 W-877-3778 Cellular 556-3703