

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726680** (2)

1. Corporation Name

LIGHTHOUSE CHILDREN'S HOME, INC.

Principal Place of Business

**7771 MAHAN ROAD
TALLAHASSEE FL 32308**

Mailing Address

**7771 MAHAN ROAD
TALLAHASSEE FL 32308**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1973		3a. Date of Last Report 07/10/1995	
21		26		4. FEI Number 59-1725801		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		29					

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D.
NAME	HUDSON BILLY	1.2 NAME	Robert Beach
STREET ADDRESS	1301 LAKESIDE DR	1.3 STREET ADDRESS	Route 4, Box 161
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Quincy, FL 32251
TITLE	VPD	2.1 TITLE	D.
NAME	BURKE KELLY	2.2 NAME	Gary Brown
STREET ADDRESS	10873 WADESBO RO	2.3 STREET ADDRESS	2465 Thornton Road
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D	3.1 TITLE	D.
NAME	RAY, DR. RANDY	3.2 NAME	Glen Kirkland
STREET ADDRESS	3000 N MERIDIAN RD	3.3 STREET ADDRESS	1015 Old Albany Rd.
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Thomasville, Ga 31792
TITLE	D	4.1 TITLE	D.
NAME	WELDON, BILL	4.2 NAME	Bill Newton
STREET ADDRESS	380 CASTLETON CIRCLE	4.3 STREET ADDRESS	5036 Centennial Circle
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	TD	5.1 TITLE	D.
NAME	WILLIAMS, LAMAR	5.2 NAME	J.L. Ward
STREET ADDRESS	5220 CRAWFORDVILLE HWY	5.3 STREET ADDRESS	PO Box 553
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Bainbridge, Ga 31717
TITLE	SD	6.1 TITLE	
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	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred C. Hallmark (904) 576-1567
Date Daytime Phone #

CR2E037 (3/96)