


FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> 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 <b>7771 MAHAN ROAD TALLAHASSEE FL 32308</b>	Mailing Address <b>7771 MAHAN ROAD TALLAHASSEE FL 32308-1417</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/12/1973</b>		3a. Date of Last Report <b>07/09/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-1725801</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HALLMARK, FRED C.</b> <b>3128 LOUISE STREET</b> <b>TALLAHASSEE FL 32304</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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	D	<input type="checkbox"/> DELETE		1.1 TITLE	RA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BEACH, ROBERT			1.2 NAME	Hallmark, Fred		
STREET ADDRESS	ROUTE 4 BOX 161			1.3 STREET ADDRESS	3128 Louise Street		
CITY-ST-ZIP	QUINCY FL			1.4 CITY-ST-ZIP	Tallahassee, Fl. 32304		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, GARY			2.2 NAME	Hudson, Billy		
STREET ADDRESS	2465 THORNTON ROAD			2.3 STREET ADDRESS	1301 Lakeside Drive		
CITY-ST-ZIP	TALLAHASSEE FL			2.4 CITY-ST-ZIP	Tallahassee, Fl.		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KIRKLAND, GLEN			3.2 NAME	Burke, Kelly		
STREET ADDRESS	1018 OLD ALBANY ROAD			3.3 STREET ADDRESS	10873 Wadesboro Road		
CITY-ST-ZIP	THOMASVILLE GA			3.4 CITY-ST-ZIP	Tallahassee, Fl. 32311		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NEWTON, BILL			4.2 NAME	Ray, Dr. Randy		
STREET ADDRESS	5036 CENTENNIAL CIRCLE			4.3 STREET ADDRESS	3000 N. Meridian Road		
CITY-ST-ZIP	TALLAHASSEE FL			4.4 CITY-ST-ZIP	Tallahassee, Fl. 32312		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WARD, J L			5.2 NAME	Weldon, Bill		
STREET ADDRESS	P.O. BOX 553			5.3 STREET ADDRESS	380 Castleton Circle		
CITY-ST-ZIP	BAINBRIDGE GA			5.4 CITY-ST-ZIP	Tallahassee, Fl. 32312		
TITLE	SD	<input type="checkbox"/> DELETE		6.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MERRITT, KATOR			6.2 NAME	Williams, Lamar		
STREET ADDRESS	276 TIMBERLANE ROAD			6.3 STREET ADDRESS	5220 Crawfordville Road		
CITY-ST-ZIP	TALLAHASSEE FL			6.4 CITY-ST-ZIP	Tallahassee, Fl. 32310		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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**

CR2E037 (9/96)