

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 03, 2001 08:00 AM****Secretary of State****DOCUMENT # 726680**1. Entity Name
LIGHTHOUSE CHILDREN'S HOME, INC.Principal Place of Business
7771 MAHAN ROAD
TALLAHASSEE FL 32308
Mailing Address
7771 MAHAN ROAD
TALLAHASSEE FL 323082. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1725801
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent****HUDSON BILLY**
1301 LAKESIDE DR
TALLAHASSEE FL 32303 US**7. Name and Address of New Registered Agent**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.

SIGNATURE _____ **02/03/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	WARD J L	268 GRATTON-WARD RD ATTAPULGUS GA 31715	<input type="checkbox"/> Delete
	D	NEWTON BILL	5036 CENTENNIAL CIRCLE TALLAHASSEE FL	<input type="checkbox"/> Delete
	SD	KIRKLAND GLEN	1018 OLD ALBANY ROAD THOMASVILLE GA	<input type="checkbox"/> Delete
	D	BROWN GARY	2465 THORNTON ROAD TALLAHASSEE FL	<input type="checkbox"/> Delete
	D	BEACH ROBERT	ROUTE 4, BOX 161 QUINCY FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TD	WILLIAMS LAMAR	5220 CRAWFORDVILLE HWY.	TALLAHASSEE FL 32310	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: LAMAR WILLIAMS TD **02/03/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)