2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2002 8:00 AM
Secretary of State

DOCUMENT# 726680

Entity Name: LIGHTHOUSE CHILDREN'S HOME, INC.

Current Principal Place of Business:

7771 MAHAN ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

7771 MAHAN DR
TALLAHASSEE, FL 32309

Current Mailing Address:

7771 MAHAN ROAD
TALLAHASSEE, FL 32308

New Mailing Address:

7771 MAHAN DR
TALLAHASSEE, FL 32309

FEI Number: 59-1725801 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUDSON, BILLY
1301 LAKESIDE DR
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BEACH, ROBERT	
Address:	ROUTE 4, BOX 161	
City-St-Zip:	QUINCY, FL	
Title:	D	( ) Delete
Name:	BROWN, GARY	
Address:	2465 THORNTON ROAD	
City-St-Zip:	TALLAHASSEE, FL	
Title:	SD	( ) Delete
Name:	KIRKLAND, GLEN	
Address:	1018 OLD ALBANY ROAD	
City-St-Zip:	THOMASVILLE, GA	
Title:	D	( ) Delete
Name:	NEWTON, BILL	
Address:	5036 CENTENNIAL CIRCLE	
City-St-Zip:	TALLAHASSEE, FL	
Title:	D	( ) Delete
Name:	WARD, J L	
Address:	268 GRATTON-WARD RD	
City-St-Zip:	ATTAPULGUS, GA 31715	
Title:	TD	( ) Delete
Name:	WILLIAMS, LAMAR	
Address:	5220 CRAWFORDVILLE HWY.	
City-St-Zip:	TALLAHASSEE, FL 32310	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	BEACH, ROBERT	
Address:	9757 HOSFORD RD	
City-St-Zip:	QUINCY, FL 32351	
Title:	D	(X) Change ( ) Addition
Name:	BROWN, GARY	
Address:	2465 THORNTON ROAD	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	SD	(X) Change ( ) Addition
Name:	KIRKLAND, GLEN	
Address:	1018 OLD ALBANY ROAD	
City-St-Zip:	THOMASVILLE, GA 31757	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	WILLIAMS, LAMAR	
Address:	5220 CRAWFORDVILLE HWY.	
City-St-Zip:	TALLAHASSEE, FL 32305	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAMAR WILLIAMS TD 01/10/2002

Electronic Signature of Signing Officer or Director — Date