

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 726680

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



Principal Place of Business
7771 MAHAN DR
TALLAHASSEE, FL 32309

Mailing Address
7771 MAHAN DR
TALLAHASSEE, FL 32309

FILED
06 JAN 26 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1725801

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUDSON, BILLY
1301 LAKESIDE DR
TALLAHASSEE, FL 32303

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE O ☒ Delete
NAME BEACH, ROBERT
STREET ADDRESS 9757 HOSFORD RD
CITY-ST-ZIP QUINCY, FL 32351

TITLE P ☐ Change ☒ Addition
NAME Hudson, Billy
STREET ADDRESS 1301 Lakeside Dr.
CITY-ST-ZIP Tallahassee, FL 32303

TITLE SD ☐ Delete
NAME BROWN, GARY
STREET ADDRESS 2465 THORNTON ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000066554840
CITY-ST-ZIP 02/24/06--01014--003 **\$1.25

TITLE VPD ☐ Delete
NAME KIRKLAND, GLEN
STREET ADDRESS 1018 OLD ALBANY ROAD
CITY-ST-ZIP THOMASVILLE, GA 31757

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE O ☐ Delete
NAME NEWTON, BILL
STREET ADDRESS 5036 CENTENNIAL CIRCLE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE O ☐ Delete
NAME WARD, J L
STREET ADDRESS 268 GRATTON-WARD RD
CITY-ST-ZIP ATTAPULGUS, GA 31715

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME BURKE, KELLY
STREET ADDRESS 10873 WADESBORO RD
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Billy Hudson BILLY HUDSON PRESIDENT 850 877-3778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/18/06 Daytime Phone #