

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726680

FILED
Jan 14, 2009
Secretary of State

Entity Name: LIGHTHOUSE CHILDREN'S HOME, INC.

Current Principal Place of Business:

7771 MAHAN DR
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

7771 MAHAN DR
TALLAHASSEE, FL 32309

New Mailing Address:

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: P () Delete
Name: HUDSON, BILLY
Address: 1301 LAKESIDE DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD () Delete
Name: BROWN, GARY
Address: 2465 THORNTON ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPD () Delete
Name: KIRKLAND, GLEN
Address: 1018 OLD ALBANY ROAD
City-St-Zip: THOMASVILLE, GA 31757

Title: O () Delete
Name: NEWTON, TIM
Address: 4397 CR 59
City-St-Zip: TALLAHASSEE, FL 32309

Title: O () Delete
Name: WARD, J L
Address: 288 GRATTON-WARD RD
City-St-Zip: ATTAPULGUS, GA 31715

Title: TD () Delete
Name: YODER, DARYL
Address: 4368 COUNTY LINE RD
City-St-Zip: THOMASVILLE, GA 31792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BILLY HUDSON

P

01/14/2009

Electronic Signature of Signing Officer or Director

Date