


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 745009 1. Entity Name THE LANTERNS ASSOCIATION, INC.					
Principal Place of Business 1145 4TH ST SOUTH NAPLES, FL 34102 US			Mailing Address 1145 4TH ST SOUTH NAPLES, FL 34102 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1979828	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent O'NEIL, JEROME H 1145 FOURTH ST SOUTH NAPLES, FL 34102				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Jerome H O'Neil</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>6-1-05</u>	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	ST ANTHON, VICKIE 450 11TH AVE. SOUTH NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RAVARINO, HELEN M 1115 FOURTH ST SOUTH ST. LOUIS, MO	<input type="checkbox"/> Delete		<div style="text-align: center;"> 100055976451 06/09/05--01049--011 **61.25 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DEPPE, GERALD P 4501 LINDELL BLVD ST LOUIS, MO	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD O'NEIL, JEROME H 1145 FOURTH ST SOUTH NAPLES, FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BOSSMANN, EDWIN 1115 FOURTH S. SOUTH NAPLES, FL 34102	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUTH, BRENDA 1151 FOURTH STREET SOUTH NAPLES, FL 34102	<input type="checkbox"/> Delete		<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)(i), 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: <u><i>Jerome H O'Neil Pres.</i></u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>6-1-04</u> Daytime Phone # <u>997-2269</u>	

FILED
 05 JUN -6 PM 2:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



05042005 Chg-NP CR2E037 (10/03)