

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # 748189

1. Entity Name

LIGHTER KNOTS, INC.



Principal Place of Business

Mailing Address

923 MADISON AVE.
DAYTONA BEACH FL 32114

923 MADISON AVE.
DAYTONA BEACH FL 32114



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

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

WHITE, GENE
1716 S. PENINSULA
DAYTONA BEACH FL

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE D ☐ Delete
NAME KEMMERER, AL
STREET ADDRESS 1204 N HALIFAX AVE.
CITY- ST- ZIP DAYTONA BEACH FL

TITLE VD ☐ Delete
NAME LANKFORD, MAX
STREET ADDRESS 72 S. YONGE ST.
CITY- ST- ZIP ORMOND BEACH FL

TITLE SD ☐ Delete
NAME JOHNSON, COLIN
STREET ADDRESS 1077 INDIGO
CITY- ST- ZIP ORMOND BEACH FL

TITLE TD ☐ Delete
NAME WESTON, FRED
STREET ADDRESS 97 N. ST. ANDREWS DR
CITY- ST- ZIP ORMOND BEACH FL

TITLE DP ☐ Delete
NAME NORTHRIP, RONALD S.
STREET ADDRESS 931 MADISON AVE.
CITY- ST- ZIP DAYTONA BEACH FL

TITLE D ☐ Delete
NAME WHITE, GENE
STREET ADDRESS 1716 S. PENINSULA
CITY- ST- ZIP DAYTONA BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME U000000654389
STREET ADDRESS 03/13/07-80059-009 61.25
CITY- ST- ZIP

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

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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 Section 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: *Ronald S Northrip* 2-27-07 386 2523193