

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748189

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: LIGHTER KNOTS, INC.

**Current Principal Place of Business:**

923 MADISON AVE.  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

923 MADISON AVE.  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHITE, GENE  
1716 S. PENINSULA  
DAYTONA BEACH, FL 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: KEMMERER, AL  
Address: 1204 N HALIFAX AVE.  
City-St-Zip: DAYTONA BEACH, FL

Title: VD ( ) Delete  
Name: LANKFORD, MAX  
Address: 72 S. YONGE ST.  
City-St-Zip: ORMOND BEACH, FL

Title: SD ( ) Delete  
Name: JOHNSON, COLIN  
Address: 1077 INDIGO  
City-St-Zip: ORMOND BEACH, FL

Title: TD ( ) Delete  
Name: WESTON, FRED  
Address: 97 N. ST. ANDREWS DR  
City-St-Zip: ORMOND BEACH, FL

Title: DP ( ) Delete  
Name: NORTHRIP, RONALD S.  
Address: 931 MADISON AVE.  
City-St-Zip: DAYTONA BEACH, FL

Title: D ( ) Delete  
Name: WHITE, GENE  
Address: 1716 S. PENINSULA  
City-St-Zip: DAYTONA BEACH, FL

**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  
Name:  
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: RONALD S NORTHRIP

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date