

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760747

FILED
Feb 18, 2009
Secretary of State

Entity Name: LIGHTHOUSE SANCTUARY, INC.

Current Principal Place of Business:

21020 WILDHORSE DRIVE
ALVA, FL 33920

New Principal Place of Business:

21020 WILDHORSE LANE
ALVA, FL 33920

Current Mailing Address:

PO BOX 604
ALVA, FL 33920

New Mailing Address:

FEI Number: 65-0123335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALKER, NORMAN L
21061 NORTH RIVER ROAD
ALVA, FL 33920 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: ALLEN, VERNON
Address: 18660 PERSIMMON RIDGE RD
City-St-Zip: ALVA, FL 33920

Title: D () Delete
Name: JARRETT, PAUL
Address: 6025 WEST STATE ROAD 80
City-St-Zip: LABELLE, FL 33935

Title: ST () Delete
Name: ALLEN, ANGEL
Address: 18660 PERSIMMON RIDGE RD
City-St-Zip: ALVA, FL 33920

Title: P () Delete
Name: WALKER, NORMAN L
Address: 21061 NORTH RIVER ROAD
City-St-Zip: ALVA, FL 33920

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:

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: NORMAN L. WALKER

D

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date