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Mar 12 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769472 (2)
1. Corporation Name
CITE: THE LIGHTHOUSE FOR CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address
215 E NEW HAMPSHIRE ST 215 E NEW HAMPSHIRE ST
ORLANDO FL 32804 ORLANDO FL 32804

3. Date Incorporated or Qualified
07/20/1983

4. FEI Number 59-2418228
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 2b. Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ADAMS, CAROL
215 E NEW HAMPSHIRE ST
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Carol Adams*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 1-22-98

12. OFFICERS AND DIRECTORS

TITLE BPT
NAME FREY, LOU JR. ☒ DELETE
STREET ADDRESS 215 N. EOLA DR.
CITY-ST-ZIP ORLANDO FL 32801

TITLE VPT
NAME SENTERFITT, DON ☐ DELETE
STREET ADDRESS P.O. BOX 1907 N/A
CITY-ST-ZIP ORLANDO FL 32802

TITLE TT
NAME ELLIOTT, JACK ☐ DELETE
STREET ADDRESS 815 N MAGNOLIA AVE
CITY-ST-ZIP ORLANDO FL 32801

TITLE ST
NAME BURKETT, GREG ☐ DELETE
STREET ADDRESS 3300 UNIVERSITY STE 158
CITY-ST-ZIP WINTER PARK FL 32792

TITLE EDT
NAME ADAMS, CAROL ☐ DELETE
STREET ADDRESS 215 E NEW HAMPSHIRE ST
CITY-ST-ZIP ORLANDO FL 32804

TITLE *Carol Adams* ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Past President ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE President ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol Adams*

3-6-98 407-848-2453

CR2E037 (10/97)