## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000004670

FILED Jan 04, 2007 Secretary of State

Entity Name: LIGHTHOUSE CREDIT FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 8550 ULMERTON ROAD SUITE 125 LARGO, FL 33771 **New Mailing Address: Current Mailing Address:** 8550 ULMERTON ROAD 10500 ULMERTON ROAD SUITE 125 SUITE 726, PMB 153 LARGO, FL 33771 LARGO, FL 33771 FEI Number: 59-3657981 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MELCER, MARY H 8550 ULMERTON RD STE 125 LARGO, FL 33771 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition PARKER, JAMES O Name: Name: 8550 ULMERTON RD #125 Address: Address: City-St-Zip: LARGO, FL 33771 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: HUGHES, GREG Name: Address: 13555 AUTOMOBILE BLVD #460 Address: City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: Title: (X) Delete Title: () Change () Addition JOWELL, KIM Name: Name: Address: 692 SAMANTHA DR. Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: CFO ( ) Delete Title: () Change () Addition Name: WILSON, STACY R Name: Address: 3142 FIESTA DR Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: DS () Delete Title: () Change () Addition BURCHAM, SUSAN Name: Name: 1562 TUSCALOOSA AVE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32117 City-St-Zip: Title: () Delete Title: () Change () Addition SCHLECHTY, ROBERT A Name: Name: Address: 8550 ULMERTON RD #125 Address: LARGO, FL 33771 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY H MELCER P 01/04/2007