2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003600

FILED Apr 11, 2005 Secretary of State

Entity Name: THE LAMPLIGHTER FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 6995 VENTURE CIR ORLANDO, FL 32807 **Current Mailing Address: New Mailing Address:** 6995 VENTURE CIR ORLANDO, FL 32807 FEI Number: 59-3722301 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: GLANCY, CARMAN M GLANCY, CARMEN M 6995 VENTURE CIR 6995 VENTURE CIR US US ORLANDO, FL 32807 ORLANDO, FL 32807 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: CARMEN M. GLANCY 04/11/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GLANCY, CARMEN M Name: Name: 6995 VENTURE CIR Address: Address: City-St-Zip: ORLANDO, FL 32807 City-St-Zip: Title: Title: () Delete () Change () Addition ATEEK, GEORGE Name: Name: Address: 1437 72ND AVE NE Address: City-St-Zip: SAINT PETERSBURG, FL 33702 City-St-Zip: Title: () Delete Title: () Change () Addition PECKO, MICHAEL Name: Name: 1960 FARRINGTON DRIVE Address: Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: FARRIS, PEARL Name: 555 HARRISON STREET #304 Address: Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: Title: () Delete Title: () Change () Addition LANDERS, GARRY Name: Name: 1152 VIRA LANE Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: () Delete Title: () Change () Addition SLAYMAKER, WAYNE Name: Name: Address: 2573 N. FORSYTH RD Address: ORLANDO, FL 32807 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 Section 119.07(3)(i), 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: CARMEN M. GLANCY D 04/11/2005