

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90020 043 ****61.25

DOCUMENT # N02000005316 1. Entity Name LIGHTHOUSE HOMESCHOOLERS, INC.			
Principal Place of Business 3602 JACQUE LEE LANE LAKELAND, FL 33803		Mailing Address P.O. BOX 631 HIGHLAND CITY, FL 33846	
2. Principal Place of Business - No P.O. Box # 817 Buttercup Drive Suite, Apt. #, etc.		3. Mailing Address P.O. Box 631 Suite, Apt. #, etc.	
City & State Lakeland, FL Zip 33801		City & State Highland City FL Zip 33846	
Country USA		Country USA	
4. FEI Number 01-0736930		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COARSEY, SONYA 585 PINECREST DR BARTOW, FL 33830		7. Name and Address of New Registered Agent Name Kathy Hockenberry Street Address (P.O. Box Number is Not Acceptable) 817 Buttercup Drive City Lakeland	
State FL		Zip Code 33801	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Kathy Hockenberry</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>2-5-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P/T NAME WHITEHEAD, JACQUELINE STREET ADDRESS 3602 JACQUE LEE LANE CITY-ST-ZIP LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete	TITLE VP NAME Sonya Coarsey STREET ADDRESS 585 Pinecrest DR CITY-ST-ZIP Bartow FL 33830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME HART, STEPHANIE STREET ADDRESS 412 ANDERSON DRIVE CITY-ST-ZIP AUBURNDALE, FL 33823	<input type="checkbox"/> Delete	TITLE Secretary Treasurer NAME Jeannette Johnson STREET ADDRESS 5036 Kensington Heights DR CITY-ST-ZIP Lakeland FL 33811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME ONHEISER, MELISSA STREET ADDRESS 823 W LAKE ELBERT DR NE CITY-ST-ZIP WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete	TITLE Director NAME Esther DeRoven STREET ADDRESS 6911 Marilyn DR CITY-ST-ZIP Lakeland FL 33809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME MCCORQUODALE, SARAH STREET ADDRESS 2208 WELLS ROAD CITY-ST-ZIP AUBURNDALE, FL 33823	<input checked="" type="checkbox"/> Delete	TITLE Director NAME Kathy Hockenberry STREET ADDRESS 817 Buttercup DR CITY-ST-ZIP Lakeland FL 33801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME KIRKLAND, KIM STREET ADDRESS 9133 PINE TREE DRIVE CITY-ST-ZIP LAKELAND, FL 816-141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME JONES, CHERIE STREET ADDRESS 10225 QUINN RD CITY-ST-ZIP POLK CITY, FL 33868	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Jeannette L. Johnson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/6/07</u> Daytime Phone # <u>863-647-2557</u>	