



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90210 039 ****61.25

DOCUMENT # N02000005316 1. Entity Name LIGHTHOUSE HOMESCHOOLERS, INC.																																																																																																																																																					
Principal Place of Business 817 BUTTERCUP DRIVE LAKELAND, FL 33801				Mailing Address P.O. BOX 631 HIGHLAND CITY, FL 33846																																																																																																																																																	
2. Principal Place of Business - No P.O. Box # same		3. Mailing Address same																																																																																																																																																			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																																																																			
City & State 		City & State 																																																																																																																																																			
Zip 		Country 		02252008 Chg-NP CR2E037 (12/06)																																																																																																																																																	
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 HOCKENBERRY, KATHY 817 BUTTERCUP DRIVE LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																	
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> (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2008		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																																																																																																																																																					
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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>Kathy Hockenberry</u> Date _____ Daytime Phone # _____																																																																																																																																																					