

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000005936

1. Entity Name
FRIENDS OF LIGHTHOUSE POINT, INC.



Principal Place of Business

**2220 N.E. 43RD STREET
LIGHTHOUSE POINT, FL 33064 US**

Mailing Address

**P.O. BOX 5645
LIGHTHOUSE POINT, FL 33074 US**

DO NOT WRITE IN THIS SPACE



03242004 No Chg-NP CR2E037 (10/03)

4. FEI Number
56-2290480

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MACLEAN, ANNE B
2600 N.E. 14TH STREET CAUSEWAY
POMPANO BEACH, FL 33062**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCCLERKIN, WILLIAM W
STREET ADDRESS P.O. BOX 5645
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33074

TITLE VPD
NAME O'HARA, JUDITH C
STREET ADDRESS P.O. BOX 5645
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33074

TITLE SD
NAME HILDEBRAND, PATRICIA A
STREET ADDRESS P.O. BOX 5645
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33074

TITLE TD
NAME MCCARVER, ROBERT IAN
STREET ADDRESS P.O. BOX 5645
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33074

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

00000015861
05/12/04-80003-005 61.25

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IN THIS SPACE**

12. 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 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:

Robert Ian McCarver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/04

Daytime Phone #