

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

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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**



01102005 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**

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

UN00000186018
01/21/05-80040-006 61.25

**Filing Fee is \$81.25
Due by May 1, 2005**

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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 I. McCarver* **Robert I. McCarver, Treasurer** **1/23/05 954-785-1900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #