

FILED
Mar 11, 2003 8:00 am
Secretary of State

02-13-2003 90219 038 ***61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000005936

1. Entity Name

FRIENDS OF LIGHTHOUSE POINT, INC.



Principal Place of Business

2600 N.E. 14TH STREET CAUSEWAY
POMPANO BEACH FL 33062

Mailing Address

2600 N.E. 14TH STREET CAUSEWAY
POMPANO BEACH FL 33062

2. Principal Place of Business

2220 N.E. 43rd St.

3. Mailing Address

P.O. Box 5645

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lighthouse Point, Fl. 33064

City & State

Lighthouse Point, Fl. 33074

4. FEI Number

56-2290480

Applied For

Not Applicable

Zip

33064

Country

Broward

Zip

33074

Country

Broward

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

Anne B. Maclean

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MACLEAN, FREDERICK R	
STREET ADDRESS	2600 NE 14TH STREET CAUSEWAY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MACLEAN, ANNE B	
STREET ADDRESS	2600 NE 14TH STREET CAUSEWAY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	S	<input type="checkbox"/> Delete
NAME	MACLEAN, ANNE B	
STREET ADDRESS	2600 NE 14TH STREET CAUSEWAY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	T	<input type="checkbox"/> Delete
NAME	MACLEAN, FREDERICK R	
STREET ADDRESS	2600 NE 14TH STREET CAUSEWAY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William W. McClerkin D	
STREET ADDRESS	P.O. Box 5645	
CITY-ST-ZIP	Lighthouse Point, Fl. 33074	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judith C. O'Hara D	
STREET ADDRESS	P.O. Box 5645	
CITY-ST-ZIP	Lighthouse Point, Fl. 33074	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia A. Hildebrand D	
STREET ADDRESS	P.O. Box 5645, Lighthouse Point, Fl. 33074	
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Ian McCarver D	
STREET ADDRESS	P.O. Box 5645	
CITY-ST-ZIP	Lighthouse Point, Fl. 33074	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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

Robert Ian McCarver, Treasurer

2/11/2003

Date

Daytime Phone #

CR2E037 (10/02)