

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90144 042 \*\*\*\*61.25

DOCUMENT # N02000009673

1. Entity Name  
LIGHTHOUSE POINT CHAMBER OF COMMERCE, INC.



Principal Place of Business  
3170 N FEDERAL HWY #100 103-F  
LIGHTHOUSE POINT, FL 33064

Mailing Address  
3170 N FEDERAL HWY #100 103-F  
LIGHTHOUSE POINT, FL 33064



2. Principal Place of Business  
3170 N Federal Hwy  
Suite, Apt. #, etc. 103-F

3. Mailing Address  
3170 N Federal Hwy  
Suite, Apt. #, etc. 103-F

City & State  
Lighthouse Pt

City & State  
Lighthouse Pt

Zip 33064 Country USA

Zip 33064 Country USA

01172006 Chg-NP CR2E037 (11/05)

4. FEI Number 82-0579159 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

PAGANS, LYNN S  
3640 N. FEDERAL HWY  
LIGHTHOUSE POINT, FL 33064

## 7. Name and Address of New Registered Agent

Name Michael Orange McClain

Street Address (P.O. Box Number is Not Acceptable)  
3640 N Federal Hwy

City Lighthouse Point FL Zip Code 33064

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 Micheal O. McLain Michael O. McLain  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 4/17/06

Filing Fee is \$61.25  
Due by May 1, 2006

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 DP  
NAME SPINELLA PAGANS, LYNN  
STREET ADDRESS 3640 N FEDERAL HWY  
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 ☒ Delete

TITLE DT  
NAME CAMPBELL, VIRGINIA  
STREET ADDRESS 3170 N FEDERAL HWY #100  
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 ☒ Delete address change

TITLE DS  
NAME BACKE, SHARON  
STREET ADDRESS 3050 N FEDERAL HWY  
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP  
NAME Michael Orange McClain  
STREET ADDRESS 3640 N Federal Hwy  
CITY-ST-ZIP Lighthouse Pt, FL 33064 ☒ Change ☐ Addition

TITLE DT  
NAME Campbell, Virginia  
STREET ADDRESS 3170 N Federal Hwy, Suite 103-F  
CITY-ST-ZIP Lighthouse Point, FL 33064 ☒ Change ☐ Addition

TITLE  
NAME Charles Davis  
STREET ADDRESS 2484 N Federal Hwy  
CITY-ST-ZIP Lighthouse Point, FL 33064 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Virginia Campbell Virginia Campbell, Treas & Dir 4/17/06 954-982-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 3647