2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2007
Secretary of State

DOCUMENT# N03000007896

Entity Name: LIGHTHOUSE REFUGE, INC.

Current Principal Place of Business:

8651 S.W. 2ND ST.
OKEECHOBEE, FL 34973

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2573
OKEECHOBEE, FL 34973

New Mailing Address:

FEI Number: 16-1685107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEAN, DONNA
8651 S.W. 2ND ST.
OKEECHOBEE, FL 34973 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DEAN, DONNA
Address: 8651 S.W. 2ND ST.
City-St-Zip: OKEECHOBEE, FL 34973

Title: T ( ) Delete
Name: DEAN, LARRY
Address: 8651 SW 2ND ST.
City-St-Zip: OKEECHOBEE, FL 34973

Title: T ( ) Delete
Name: HELTON, DONNA L
Address: 393 SW 77TH TERRACE
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP ( ) Delete
Name: PREVATT, ANNA
Address: P.O. BOX 1452
City-St-Zip: OKEECHOBEE, FL 34973

Title: S ( ) Delete
Name: IZZO, DEBBIE
Address: 10173 HWY. 441 N
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA M. DEAN D 03/18/2007

Electronic Signature of Signing Officer or Director — Date