

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000010856

1. Entity Name
CHILDREN'S LIGHTHOUSE CHILDCARE LEARNING
CENTER OF PEOPLE OF FAITH, INC.



Principal Place of Business
228 WINDERMERE ROAD
WINTER GARDEN, FL 34787

Mailing Address
228 WINDERMERE ROAD
WINTER GARDEN, FL 34787



03272007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1911080

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KOLTUN, JEFFREY M
557 NORTH WYMORE ROAD
SUITE 100
MAITLAND, FL 32751

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DEPENTHAL, FRITZ
228 WINDERMERE RD
WINTER GARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BERGH, JOHAN REV
228 WINDERMERE RD
WINTER GARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MORRIS, JOHN
228 WINDERMERE RD
WINTER GARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
TRAMONTE, DORIS
702 STINNETT DR
OCFEE, FL 34761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILLHELM, SCOTT
712 LITTLE HAMPTON LANE
GOTHA, FL 34734

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CAMPOS, ANGELINE
2650 SEAGROVE CT
WINTER GARDEN, FL 34787

000000004344
04/06/07-80029-012 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/07 407-395-0077