


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000011491

1. Entity Name
LIGHTHOUSE OF NORTHWEST FLORIDA, INC.



Principal Place of Business: **13050 HIGHWAY 89 JAY, FL 32565**

Mailing Address: **13050 HIGHWAY 89 JAY, FL 32565**

DO NOT WRITE IN THIS SPACE



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number: **20-1986027** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent

WHIBBS, VINCENT J JR.
105 E. GREGORY SQUARE
PENSACOLA, FL 32502

DO NOT WRITE 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 _____ DATE _____

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

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

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PV
NAME	COOKSTON, RUSSELL
STREET ADDRESS	13050 HIGHWAY 89
CITY-ST-ZIP	JAY, FL 32565
TITLE	ST
NAME	COOKSTON, KIMBRA
STREET ADDRESS	13050 HIGHWAY 89
CITY-ST-ZIP	JAY, FL 32565
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000424208
 02/18/06-80039-009 61.25

DO NOT WRITE IN THIS SPACE

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 my address, with all other like empowered.

SIGNATURE: *Russell J Cookston* **2/2/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR Date Daytime Phone #