2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# N08000009395

Entity Name: LIGHTHOUSE OUTREACH CENTER, INC.

Current Principal Place of Business:

18180 ACKERMAN AVE
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

18180 ACKERMAN AVE
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 38-3790656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DUNBAR, DONNA
18180 ACKERMAN AVE
PORT CHARLOTTE, FL 33948 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: DUNBAR, DONNA
Address: 18180 ACKERMAN AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: DV ( ) Delete
Name: DUNBAR, CLARENCE
Address: 18180 ACKERMAN AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: DS ( ) Delete
Name: FERREE, MARILYN
Address: 5944 SABALWOOD DR
City-St-Zip: PUNTA GORDA, FL 33982

Title: DT ( ) Delete
Name: GRAYMAN, ART
Address: 4105 DURANT ST
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D ( ) Delete
Name: ROMILLO, ANA
Address: 2120 LUCKY ST
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D ( ) Delete
Name: FERREE, FRANK
Address: 5944 SABALWOOD DR
City-St-Zip: PUNTA GORDA, FL 33982

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: CLARENCE DUNBAR VP 03/15/2009

Electronic Signature of Signing Officer or Director — Date