

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08033

FILED
Jun 18, 2009
Secretary of State

Entity Name: THE LIGHTHOUSE MISSION OF ORLANDO, INC.

Current Principal Place of Business:

2554 OVERLAND RD.
C/O MARGARET CARTER
APOPKA, FL 32703

New Principal Place of Business:

2554 OVERLAND RD.
C/O MARGARET POWELL
APOPKA, FL 32703

Current Mailing Address:

2554 OVERLAND RD.
C/O MARGARET CARTER
APOPKA, FL 32703

New Mailing Address:

2554 OVERLAND RD.
C/O MARGARET M. POWELL
APOPKA, FL 32703

FEI Number: 59-2546666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARTER, MARGARET M
2554 OVERLAND RD.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

POWELL, MARGARET M
2554 OVERLAND RD.
APOPKA, FL 32703 US

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: MARGARET M. POWELL

06/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: CARTER, MARGARET
Address: 2554 OVERLAND RD.
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: WASHINGTON, G.H.
Address: 1460 MERCY DR. #14
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: HOFFRAUIR, WILSON
Address: 681 BAYOU DR
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: ALEXANDER, CEASAR
Address: 3037 GRANDULA DR.
City-St-Zip: ORLANDO, FL 32811

Title: DRS () Delete
Name: SALANITRO, BARBARA
Address: 7639 DAETWYLER DRIVE
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: SMITH, NORRIS
Address: 1632 GRAND ST
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: POWELL, MARGARET
Address: 2554 OVERLAND RD.
City-St-Zip: APOPKA, FL 32703

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

Title: () Change () Addition
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Title: () Change () Addition
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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: MARGARET M. POWELL

DIR

06/18/2009

Electronic Signature of Signing Officer or Director

Date