


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90363 012 ****61.25

DOCUMENT # N23112		
1. Entity Name LIGHTHOUSE OF PINELLAS FOUNDATION, INC.		

Principal Place of Business 6925 112 CIR N S103 LARGO, FL 33773 US	Mailing Address 6925 112 CIR N S103 LARGO, FL 33773 US
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60029848



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04032006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2857561		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SARNO, DR. MARK 8657 LONGWOOD DRIVE LARGO, FL 33777-1310		7. Name and Address of New Registered Agent Name JAMIE B. NEILSON, CHAIRMAN Street Address (P.O. Box Number is Not Acceptable) 905 BARBER DRIVE City CLEARWATER, FL Zip Code 33764

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	1VC/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEILSON, JAMIE			NAME	LYNN HECKLER		
STREET ADDRESS	905 BARBER DRIVE			STREET ADDRESS	17041 DOLPHIN DR.		
CITY-ST-ZIP	CLEARWATER, FL 33764			CITY-ST-ZIP	N. REDINGTON BEACH, FL 33708		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	2VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WATSON, MURIEL			NAME	JANET HENDERSON		
STREET ADDRESS	200 LAKE AVE. NE, #409			STREET ADDRESS	1135 VICTORIA DR.		
CITY-ST-ZIP	LARGO, FL 33771			CITY-ST-ZIP	DUNEDIN, FL 34698		
TITLE	1VC	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FOLLO, TAMMY			NAME	RUTH HARRIS		
STREET ADDRESS	2874 WESCOTT DRIVE			STREET ADDRESS	1621 YOUNG AVE.		
CITY-ST-ZIP	PALM HARBOR, FL 34684			CITY-ST-ZIP	CLEARWATER, FL 33756		
TITLE	2VCD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HENTER, TED			NAME	C. CHRISTOPHER COMSTOCK		
STREET ADDRESS	8335 37TH AVE. N.			STREET ADDRESS	1951 MICHIGAN AVE. NE		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710			CITY-ST-ZIP	ST. PETERSBURG, FL 33703		
TITLE	COB	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SARNO, MARK			NAME	MARK SARNO		
STREET ADDRESS	8657 LONGWOOD DRIVE			STREET ADDRESS	8657 LONGWOOD DR.		
CITY-ST-ZIP	LARGO, FL 33777			CITY-ST-ZIP	LARGO, FL 33777-1310		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AMES, STACY			NAME	JOSEPH DONAHUE		
STREET ADDRESS	100 2ND AVE. S.			STREET ADDRESS	50 WOOD GLEN CT.		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701			CITY-ST-ZIP	OLDSMAR, FL 34677		

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

727-544-4433

04-20-06

Date

Daytime Phone #