

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23112

FILED
Jan 14, 2009
Secretary of State

Entity Name: LIGHTHOUSE OF PINELLAS FOUNDATION, INC.

Current Principal Place of Business:

6925 112 CIR N
S103
LARGO, FL 33773 US

New Principal Place of Business:

Current Mailing Address:

6925 112 CIR N
S103
LARGO, FL 33773 US

New Mailing Address:

FEI Number: 59-2857561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANN, DANIEL T PRES
6925 - 112TH CIRCLE NORTH, SUITE 103
LARGO, FL 33773 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: MRS () Delete
Name: JANET, HENDERSON B CHAIR
Address: 6925 - 112TH CIRCLE NORTH, SUITE 103
City-St-Zip: LARGO, FL 33773 US

Title: MS () Delete
Name: HECKLER, LYNN 1VC
Address: 6025 - 112TH CIRCLE NORTH, SUITE 103
City-St-Zip: LARGO, FL 33773 US

Title: MRS () Delete
Name: HARRIS, RUTH 2VCT
Address: 6025 - 112TH CIRCLE NORTH, SUITE 103
City-St-Zip: LARGO, FL 33773 US

Title: MR () Delete
Name: STAFFORD, PARKER SEC
Address: 6925 - 112TH CIRCLE NORTH, SUITE 103
City-St-Zip: LARGO, FL 33773

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:

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: GAYLA D. LARSON

MS.

01/14/2009

Electronic Signature of Signing Officer or Director

Date