2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N27982

Entity Name: LIGHTHOUSE HOLYGHOST CENTER, INC.

Current Principal Place of Business:

3080 NW 76 STREET
MIAMI, FL 33147 US

New Principal Place of Business:

2465 N.W. 82ND STREET
MIAMI, FL 33147 US

Current Mailing Address:

3080 NW 76 STREET
MIAMI, FL 33147 US

New Mailing Address:

2465 N.W. 82ND STREET
MIAMI, FL 33147 US

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

Name and Address of Current Registered Agent:

DAVIS, DELORIS
3080 NW 76 STREET
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

DAVIS, DELORIS
2465 N.W. 82ND STREET
MIAMI, FL 33147 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: 01/20/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DAVIS, DELORIS
Address: 3080 NW 76 STREET
City-St-Zip: MIAMI, FL 33147 US

Title: SD ( ) Delete
Name: MCINTOSH, HOLLY
Address: 2900 N 24 AVENUE APT 7107
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: TD ( ) Delete
Name: PHILLIPS, LOLLIE MAE
Address: 21001 NW 31 AVENUE
City-St-Zip: MIAMI, FL 33055 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DAVIS, DELORIS
Address: 2465 N.W. 82ND STREET
City-St-Zip: MIAMI, FL 33147 US

Title: SD (X) Change ( ) Addition
Name: MCINTOSH, HOLLY
Address: 5421 FLETCHER STREET
City-St-Zip: HOLLYWOOD, FL 33021 US

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: DELORIS DAVIS PD 01/20/2009
Electronic Signature of Signing Officer or Director — Date