

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45339

(1)

1. Corporation Name

LIGHTHOUSE GALLERY FOUNDATION, INC.



Principal Place of Business

373 TEQUESTA DR
TEQUESTA FL 33469

Mailing Address

373 TEQUESTA DR
TEQUESTA FL 33469

3. Date Incorporated or Qualified
09/25/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0319184

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHRECENGOST, FAYE
373 TEQUESTA DR
TEQUESTA FL 33469

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

City

84

State

85

Zip Code

86

City

87

State

88

Zip Code

89

City

90

State

91

Zip Code

92

City

93

State

94

Zip Code

95

City

96

State

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Zip Code

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City

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State

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Zip Code

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City

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State

103

Zip Code

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City

105

State

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

HARRY MESSERSMITH

(NOTE: Registered Agent's signature required when reinstating)

4.29.96

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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CITY - ST - ZIP

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