

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N46051 (1)**
1. Corporation Name
THE LIGHTHOUSE UNLIMITED, INCORPORATED



Principal Place of Business: **237 7TH AVE NORTH SAINT PETERSBURG FL 33701**
Mailing Address: **237 7TH AVE NORTH SAINT PETERSBURG FL 33701**

3. Date Incorporated or Qualified: **11/14/1991**
3a. Date of Last Report: **12/06/1995**

2. Principal Place of Business: **916 8th STREET NORTH**
2a. Mailing Address: **916 8th STREET NORTH**
23. City & State: **ST PETERSBURG, FL**
28. City & State: **ST PETERSBURG, FL**
24. Zip: **33701**
25. Country: **PINELLAS**
29. Zip: **33701**
30. Country: **PINELLAS**

4. FEI Number: **59-3092838**
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
**BAKER, PATRICK N.
237 7TH AVE NORTH
SAINT PETERSBURG FL 33701**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): **916 8th STREET NORTH**
83 _____
84 City: **ST PETERSBURG** FL 85 Zip Code: **33701**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | D. JEFFREY BOSSERT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BAKER, GEORGE | 1.2 NAME | 731 36AVE SOUTH |
| STREET ADDRESS | 434 8TH AVE. N. | 1.3 STREET ADDRESS | ST. PETE FL. 33705 |
| CITY-ST-ZIP | ST PETERSBURG FL 33701 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | D. ALAN M^E KINNEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ADAMS, JUNE | 2.2 NAME | 2156 43RD AVE. N |
| STREET ADDRESS | 727 DARTMORE ST. | 2.3 STREET ADDRESS | ST. PETE FL. 33714 |
| CITY-ST-ZIP | ST PETERSBURG FL 33701 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | |
| NAME | SCHLENKERMAN, ROBERT | 3.2 NAME | |
| STREET ADDRESS | 7501 ULMERTON RD. #2325 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LARGO FL 34641 | 3.4 CITY-ST-ZIP | |
| TITLE | MD <input type="checkbox"/> DELETE | 4.1 TITLE | |
| NAME | BAKER, PATRICK | 4.2 NAME | |
| STREET ADDRESS | 237 7TH AVE NORTH | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL 33701 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patrick Baker **PATRICK BAKER** 3/22/96 813 822 7428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)