

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 # 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



2. Principal Place of Business

21 916 8th STREET NORTH
Suite, Apt. #, etc.

2a. Mailing Address

26 916 8th STREET NORTH
Suite, Apt. #, etc.

City & State

23 ST PETERSBURG, FL

City & State

28 ST PETERSBURG, FL

Zip

24 33701

Country

25 PINELLAS

Zip

29 33701

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

BAKER, PATRICK N.
237 7TH AVE NORTH
SAINT PETERSBURG FL 33701

3. Date Incorporated or Qualified
11/14/1991

3a. Date of Last Report
12/06/1995

4. FEI Number

59-3092838

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BAKER, GEORGE
STREET ADDRESS 434 8TH AVE. N.
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE D ☐ DELETE

NAME ADAMS, JUNE
STREET ADDRESS 727 DARTMORE ST.
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE D ☐ DELETE

NAME SCHLENKEMAN, ROBERT
STREET ADDRESS 7501 ULMERTON RD. #2325
CITY-ST-ZIP LARGO FL 34641

TITLE MD ☐ DELETE

NAME BAKER, PATRICK
STREET ADDRESS 237 7TH AVE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME D. JEFFREY BOSSERT
1.3 STREET ADDRESS 731 36AVE SOUTH
1.4 CITY-ST-ZIP ST. PETE FL. 33705

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D. ALAN M. KINNEY
2.3 STREET ADDRESS 2156 43RD AVE. N
2.4 CITY-ST-ZIP ST. PETE FL. 33714

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)