
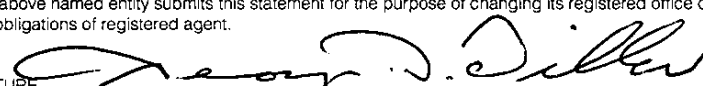
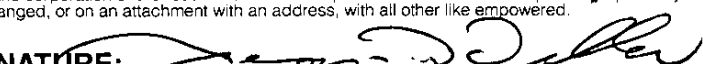


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90368 012 ****70.00

DOCUMENT # N96000005493 1. Entity Name THE FLORIDA LIGHTHOUSE ASSOCIATION, INC.					
Principal Place of Business 81 LIGHTHOUSE AVE SAINT AUGUSTINE, FL 32080			Mailing Address 81 LIGHTHOUSE AVE SAINT AUGUSTINE, FL 32080		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3425184			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired			<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DILLER, GEORGE H 525 INDIAN RIVER, APT 204 TITUSVILLE, FL 32796-3565			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 4/17/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	STANLEY E. FARNHAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	OAKES, GENE		NAME	919 TROPICAL BAY COURT	
STREET ADDRESS	5614 LA MOYA AVE		STREET ADDRESS	NAPLES, FL 34120	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	34120	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	PAUL WENGLOWSKY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAWES, WAYNE		NAME	2006 GERRY ST	
STREET ADDRESS	16807 ASHWOOD DR		STREET ADDRESS	PALATKA, FL 32177	
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	32177	
TITLE	DFR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOX, CHARLEY		NAME		
STREET ADDRESS	561 SW WHITETAIL DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32024		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEMAC, DENNIS		NAME		
STREET ADDRESS	10847 DUCK HOOK COURT		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO, FL 33576		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DILLER, GEORGE H		NAME		
STREET ADDRESS	525 INDIAN RIVER AVE APT 204		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 327963565		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	CHRISTI D. SESSIONS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KAPLAN, LINDA		NAME	5066 SW ICHTUCKENEG AVE.	
STREET ADDRESS	923 LEXINGTON PKWY, #25		STREET ADDRESS	FORT WHITE, FL 32038	
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP	32038	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4/17/06 321-861-7643 <small>Date Daytime Phone #</small>		