

FILED
Apr 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000001252

1. Corporation Name
LIGHTHOUSE - BEACON OF HOPE, INC.

Principal Place of Business 1802 NEEDLES LANE LARGO FL 33771	Mailing Address 1802 NEEDLES LANE LARGO FL 33771
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/02/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3504298
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent ARMOOGAN, SHERRI-ANN R 1802 NEEDLES LANE LARGO FL 33771	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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]* (NOTE: Registered Agent signature required when reinstating) DATE 4/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARMOOGAN, SHERRI-ANN	D	1.2 NAME	
STREET ADDRESS 1802 NEEDLES LN		1.3 STREET ADDRESS	
CITY-ST-ZIP LARGO FL 33771		1.4 CITY-ST-ZIP	
TITLE VICE PRESIDENT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRANCE, KRISTINE L.	D	2.2 NAME	
STREET ADDRESS 1802 NEEDLES LN		2.3 STREET ADDRESS	
CITY-ST-ZIP LARGO FL 33771		2.4 CITY-ST-ZIP	
TITLE OFFICER	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OVERCASHIER, DIANE	T	3.2 NAME	
STREET ADDRESS 1818 NEEDLES LN		3.3 STREET ADDRESS	
CITY-ST-ZIP LARGO FL 33771		3.4 CITY-ST-ZIP	
TITLE OFFICER	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRINKLEY, CAROLYN		4.2 NAME	
STREET ADDRESS 7360 DUMONTON Rd #2A		4.3 STREET ADDRESS	
CITY-ST-ZIP LARGO FL 33771		4.4 CITY-ST-ZIP	
TITLE OFFICER	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HILDEBRAND, JOHN		5.2 NAME	
STREET ADDRESS 3500 10th St. N.E.		5.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL 33704		5.4 CITY-ST-ZIP	
TITLE OFFICER	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HILDEBRAND, PAULA		6.2 NAME	
STREET ADDRESS 3500 10th St. NE.		6.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL 33704		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE *[Signature]* SIGNATURE REQUIRED *[Signature]* DATE 4/15/99 PHONE # 907-531-4141

CR2E037 (1/198)