

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90001 025 ****61.25

DOCUMENT # N98000001252

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

Principal Place of Business 1802 NEEDLES LANE LARGO FL 33771	Mailing Address 1802 NEEDLES LANE LARGO FL 33771-5305
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2. Principal Place of Business 1802 NEEDLES LANE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LARGO FLORIDA	City & State 1
Zip 33771	Country

4. FEI Number 59-3504298	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARMOOGAN, SHERRI-ANN R
 1802 NEEDLES LANE
 LARGO FL 33771**

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	ARMOOGAN, SHERRI ANN	1802 NEEDLES W.	LARGO FL 33771	<input type="checkbox"/>	<input type="checkbox"/>
VPD	FRANCE, KRISTINE L	1802 NEEDLES LN	LARGO FL 33771	<input type="checkbox"/>	<input type="checkbox"/>
OT	OVERCASHIER, DIANE	1818 NEEDLES LN	LARGO FL 33771	<input type="checkbox"/>	<input type="checkbox"/>
O	BRANKLEY, CAROLYN	7360 OLMERTONRD #2A	LARGO FL 33771	<input type="checkbox"/>	<input type="checkbox"/>
O	HILDERBRAND, JOHN	3500 10TH STREET NE	ST. PETERSBURG FL 33704	<input type="checkbox"/>	<input type="checkbox"/>
OD	HILDERBRAND, PAULA	3500 10TH ST. NE	ST. PETERSBURG FL 33704	<input type="checkbox"/>	<input type="checkbox"/>
	OVERCASHIER, DIANE	2904 DIPLOMAT	CLEARWATER, FL 33964	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. 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 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 empowered.

SIGNATURE: *Sherry Ann Armoogan* REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2000 727-531-4141
 Date Daytime Phone #

CR2E037 (9/99)