

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 12, 2004
Secretary of State**

DOCUMENT# N98000001252

Entity Name: LIGHTHOUSE - BEACON OF HOPE, INC.

Current Principal Place of Business:

1802 NEEDLES LANE
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

1802 NEEDLES LANE
LARGO, FL 33771

New Mailing Address:

FEI Number: 59-3504298 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARMOOGAN, SHERRI ANN
Address: 1802 NEEDLES W.
City-St-Zip: LARGO, FL 33771

Title: VPD () Delete
Name: FRANCE, KRISTINE L
Address: 1802 NEEDLES LN
City-St-Zip: LARGO, FL 33771

Title: OT () Delete
Name: OVERCASHIER, DIANE
Address: 2904 DIPLOMAT
City-St-Zip: CLEARWATER, FL 33764

Title: O () Delete
Name: BRANKLEY, CAROLYN
Address: 7360 OLMERTONRD #2A
City-St-Zip: LARGO, FL 33771

Title: O () Delete
Name: HILDERBRAND, JOHN
Address: 3500 10TH STREET NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: OD () Delete
Name: HILDERBRAND, PAULA
Address: 3500 10TH ST. NE
City-St-Zip: ST. PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRI-ANN ARMOOGAN

PD

04/12/2004

Electronic Signature of Signing Officer or Director

Date