


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000001252
1. Entity Name
LIGHTHOUSE - BEACON OF HOPE, INC.



Principal Place of Business Mailing Address
1802 NEEDLES LANE **1802 NEEDLES LANE**
LARGO, FL 33771 **LARGO, FL 33771**

DO NOT WRITE IN THIS SPACE



04082006 No Chg-NP CRZE037 (11/05)

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

6. Name and Address of Current Registered Agent
ARMOOGAN, SHERRI-ANN R
1802 NEEDLES LANE
LARGO, FL 33771

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARMOOGAN, SHERRI ANN 1802 NEEDLES W. LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRANCE, KRISTINE L 1802 NEEDLES LN LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OT OVERCASHIER, DIANE 2904 DIPLOMAT CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BRINKLEY, CAROLYN 7380 OLMERTONRD #2A LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O HILDERBRAND, JOHN 3500 10TH STREET, NE ST. PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD HILDERBRAND, PAULA 3500 10TH ST. NE ST. PETERSBURG, FL 33704

U00000505652
04/26/06-80120-023 61.25

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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 empowered.

SIGNATURE: Sherrri Ann Armoogan 4/6/06 727-234-7034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #