

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001252

FILED
Apr 23, 2009
Secretary of State

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
5118-A COQUINA KEY DR. S.E.
SAINT PETERSBURG, FL 33705 US

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 A
Address: 5118-A COQUINA KEY DRIVE S-5
City-St-Zip: SAINT PETERSBURG, FL 33705

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

Title: OT () Delete
Name: SIMS, CARI
Address: 278 MC CLAIN DR
City-St-Zip: MELBOURNE, FL 32935

Title: O () Delete
Name: CASLER-CROMWELL, ADRIENNE
Address: 8096 COTTONWOODE DR
City-St-Zip: LARGO, FL 33773

Title: O () Delete
Name: FREUDENTHAL, RYAN
Address: 12190 70TH STREET N
City-St-Zip: LARGO, FL 33773

Title: OD () Delete
Name: AZAR, MARIE
Address: 11776 106TH AVE N
City-St-Zip: SEMINOLE, FL 33778

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
Name:
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 exemption stated 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 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 R. ARMOOGAN

MS.

04/23/2009

Electronic Signature of Signing Officer or Director

Date