

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90024 011 ****61.25

DOCUMENT # N98000007105

1. Corporation Name

LIGHTHOUSE COMMUNITY DEVELOPMENT, INC.

Principal Place of Business

300 NE 62 STREET
MIAMI FL 33168

Mailing Address

300 NE 62 STREET
MIAMI FL 33168

| | | | | | |
|--|--|---------------------|---|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 2b | | 12/15/1998 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 65-0882233 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | Trust Fund Contribution | |
| 24 | | 29 | | 30 | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| FELTON, WILLIE J JR. 300 NE 62 STREET MIAMI FL 33168 | | | 81 Name | | |
| | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | |
| | | | 84 City | | |
| | | | 85 Zip Code | | |
| 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 <u>WILLIE J. FELTON JR. President</u> DATE <u>5-16-99</u> | | | | | |
| (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| <input type="checkbox"/> DELETE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 1.1 TITLE | | | 1.1 TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 1.2 NAME | | | 1.2 NAME | | |
| 1.3 STREET ADDRESS | | | 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | | 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | | 2.1 TITLE | | |
| 2.2 NAME | | | 2.2 NAME | | |
| 2.3 STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | | 3.1 TITLE | | |
| 3.2 NAME | | | 3.2 NAME | | |
| 3.3 STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | | 4.1 TITLE | | |
| 4.2 NAME | | | 4.2 NAME | | |
| 4.3 STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | | 5.1 TITLE | | |
| 5.2 NAME | | | 5.2 NAME | | |
| 5.3 STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | | 6.1 TITLE | | |
| 6.2 NAME | | | 6.2 NAME | | |
| 6.3 STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | | 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:

WILLIE J. FELTON JR. President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-99
Date

305-757-6463
Daytime Phone #

CR2E037 (11/98)