

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006855

FILED
Apr 15, 2008
Secretary of State

Entity Name: LIGHTHOUSE ARCHAEOLOGICAL MARITIME PROGRAM, INC.

Current Principal Place of Business:

81 LIGHTHOUSE AVE.
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

81 LIGHTHOUSE AVE.
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-3656411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEMING, KATHY
81 LIGHTHOUSE AVENUE
ST. AUGUSTINE, FL 32080 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: T () Delete
Name: FLOYD, THERESA
Address: 111 2ND STREET
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: P CH () Delete
Name: ADAMS, DEBORAH
Address: PO BOX 5120
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: AD C () Delete
Name: FLEMING, KATHY A
Address: 218 S. MATANZAS BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: HAMEL, RAYMOND
Address: 13 BERMUDA RUN WAY
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: V CH () Delete
Name: STRANDHAGEN, KAREN
Address: 164 INLET DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: S (X) Delete
Name: USINA, MICHAEL
Address: 4125 COASTAL HIGHWAY
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SECT (X) Change () Addition
Name: FLOYD, THERESA
Address: 111 2ND STREET
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: CH (X) Change () Addition
Name: MALONEY, GERALD
Address: 231 BARONY DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: A DR (X) Change () Addition
Name: FLEMING, KATHY A
Address: 218 S. MATANZAS BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: TRES (X) Change () Addition
Name: FINNEGAN, JOSEPH
Address: 279 ST. GEORGE ST.
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: KATHY A FLEMING

A DR

04/15/2008

Electronic Signature of Signing Officer or Director

Date