

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000096285

1. Corporation Name

THE LIGHTHOUSE OF ORMOND BEACH, INC.

Principal Place of Business

235 E GRANADA BLVD 2080 W Granada Blvd.
ORMOND BEACH FL 32176 32174
US

Mailing Address

235 E GRANADA BLVD 8 Foxbrow Look
ORMOND BEACH FL 32176 32174
US

2. Principal Place of Business

21 2080 W. Granada Blvd

Suite, Apt. #, etc.

22 -

City & State

23 ORMOND Beach, FL

Zip County

24 32174 25 US

2a. Mailing Address

26 8 Foxbrow Look

Suite, Apt. #, etc.

27

City & State

28 ORMOND Beach, FL

Zip Country

29 32174 30 US

9. Name and Address of Current Registered Agent

FRAHM, BRENDA S.
235 E GRANADA BLVD
ORMOND BCH FL 32176

81 Name FRAHM, BRENDA S.

82 Street Address (P.O. Box Number is Not Acceptable)
8 Foxbrow Look

83

84 City ORMOND Beach FL 85 Zip Code 32174

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Brenda S. Frahm Brenda S. Frahm President

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE: 4-6-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			1.2 NAME			
NAME	FRAHM, BRENDA		1.3 STREET ADDRESS			
			1.4 CITY-ST-ZIP			
STREET ADDRESS	8 FOXBROW LOOK	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			2.2 NAME			
CITY-ST-ZIP	ORMOND BEACH FL 32174		2.3 STREET ADDRESS			
			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			3.2 NAME			
NAME	FRAHM, NELSON S.		3.3 STREET ADDRESS			
			3.4 CITY-ST-ZIP			
STREET ADDRESS	8 FOXBROW LOOK	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			4.2 NAME			
CITY-ST-ZIP	ORMOND BEACH FL 32174		4.3 STREET ADDRESS			
			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			5.2 NAME			
NAME			5.3 STREET ADDRESS			
			5.4 CITY-ST-ZIP			
STREET ADDRESS		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			6.2 NAME			
CITY-ST-ZIP			6.3 STREET ADDRESS			
			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 607, 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: Brenda S. Frahm Brenda S. Frahm 4-6-99 904-676-2422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)