

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90195 050 ***150.00

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 ~~32174~~ **32174**
US

Mailing Address
~~235 E GRANADA BLVD~~ **8 Foxbrow Look**
ORMOND BEACH FL ~~32174~~ **32174**
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/26/1996

2. Principal Place of Business
21 2080 W. Granada Blvd
Suite, Apt. #, etc.
22
City & State
23 ORMOND Beach, FL
Zip Country
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

4. FEI Number
59-3419507
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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**

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Brenda S. Frahm** **Brenda S. Frahm President** **4-6-99**
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

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
NAME	FRAHM, BRENDA	1.2 NAME	
STREET ADDRESS	8 FOXBROW LOOK	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAHM, NELSON S.	2.2 NAME	
STREET ADDRESS	8 FOXBROW LOOK	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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 OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)