

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769472

Entity Name: LIGHTHOUSE CENTRAL FLORIDA, INC.**Current Principal Place of Business:**215 E NEW HAMPSHIRE ST
ORLANDO, FL 32804**Current Mailing Address:**215 E NEW HAMPSHIRE ST
ORLANDO, FL 32804**FEI Number: 59-2418228****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**NASEHI, LEE
215 E NEW HAMPSHIRE ST
ORLANDO, FL 32804 US*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**Officer/Director Detail :**

Title DIRECTOR, VP
Name ROSS, JOELLEN
Address 7637 NEW BROAD STREET
City-State-Zip: ORLANDO FL 32814

Title DIRECTOR
Name LEHR, JOHN .
Address 1911 N. MILLS AVENUE
City-State-Zip: ORLANDO FL 32803

Title VP, CFO
Name ESBENSEN, DONNA J
Address 215 E NEW HAMPSHIRE ST
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name DEVINE, PATRICIA D
Address 25 INTERLAKEN ROAD
City-State-Zip: ORLANDO FL 32804

Title P/O
Name NASEHI, LEE
Address 215 E NEW HAMPSHIRE STREET
City-State-Zip: ORLANDO FL 32804

Title CHAIRMAN, DIRECTOR
Name JOHNSON, SUSAN
Address 329 NORTH PARK AVE #105
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name HIGGINS, ERIKA
Address 20 W. LUCERNE CIRCLE #305
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name ALLEN, AMANDA
Address 10549 SATINWOOD CIRCLE
City-State-Zip: ORLANDO FL 32825

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I hereby 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 all other like empowered.

SIGNATURE: DONNA ESBENSEN**VICE PRESIDENT, CF****03/04/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name AMENDOLA, JEANNIE
Address 1375 BUENA VISTA DRIVE
City-State-Zip: LADE BUENA VISTA FL 32830

Title DIRECTOR
Name MC FADDEN, JEFF K
Address 610 NORTH WYMORE ROAD
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR, SECRETARY
Name JESSEN, PAUL C
Address 44 EAST CENTRAL BOULEVARD
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name BERES, STEVE
Address 111 NORTH ORANGE AVENUE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name IHRIG, PAUL
Address 5820 BEAR LAKE CIRCLE
City-State-Zip: APOPKA FL 32703

Title TREASURER, DIRECTOR
Name URBACH, NANCY L
Address 1417 EAST CONCORD
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name HULL, ALEX
Address 3000 DOVERA DRIVE, SUITE 200
City-State-Zip: OVIEDO FL 32745

Title DIRECTOR
Name WESLEY, ERIKA
Address 6201 SOUTH FREEWAY
City-State-Zip: ORLANDO FL