

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000006584

**Entity Name:** LIGHTHOUSE CITY ACADEMY & PRESCHOOL, INC.**Current Principal Place of Business:**650 NW AIROSO BOULEVARD  
PORT SAINT LUCIE, FL 34983**Current Mailing Address:**3525 W MIDWAY RD  
FORT PIERCE, FL 34981**FEI Number:** 45-2713993**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRACERO, ANGEL LUIS JR.  
3525 W MIDWAY RD  
FORT PIERCE, FL 34981 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           | PD                     |
| Name            | BRACERO, ANGEL LJR.    |
| Address         | 613 SW BACON TERRACE   |
| City-State-Zip: | PORT ST LUCIE FL 34953 |

|                 |                        |
|-----------------|------------------------|
| Title           | SD                     |
| Name            | BRACERO, ANNETTE       |
| Address         | 613 SW BACON TERRACE   |
| City-State-Zip: | PORT ST LUCIE FL 34953 |

|                 |                        |
|-----------------|------------------------|
| Title           | VPD                    |
| Name            | SAAVEDRA, JORGE F      |
| Address         | 158 NE SURFSIDE AVE    |
| City-State-Zip: | PORT ST LUCIE FL 34983 |

|                 |                        |
|-----------------|------------------------|
| Title           | TD                     |
| Name            | SAAVEDRA, CARMEN I     |
| Address         | 158 NE SURFSIDE AVE    |
| City-State-Zip: | PORT ST LUCIE FL 34983 |

*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:** CARMEN SAAVEDRA

TD

02/07/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date