

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001252

**Entity Name:** LIGHTHOUSE - BEACON OF HOPE, INC.

**Current Principal Place of Business:**

1802 NEEDLES LANE  
LARGO, FL 33771

**Current Mailing Address:**

1802 NEEDLES LANE  
LARGO, FL 33771

**FEI Number: 59-3504298**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ARMOOGAN, SHERRI-ANN R  
222 POMPANO DRIVE SE  
D  
SAINT PETERSBURG, FL 33705 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 ARMOOGAN, SHERRI A  
Address 222 POMPANO DRIVE SE  
D  
City-State-Zip: SAINT PETERSBURG FL 33705

Title VPD  
Name FRANCE, KRISTINE L  
Address 1802 NEEDLES LN  
City-State-Zip: LARGO FL 33771

Title OT  
Name SIMS, CARI  
Address 278 MC CLAIN DR  
City-State-Zip: MELBOURNE FL 32935

Title O  
Name CASLER-CROMWELL, ADRIENNE  
Address 8096 COTTONWOODE DR  
City-State-Zip: LARGO FL 33773

Title O  
Name FREUDENTHAL, RYAN  
Address 12190 70TH STREET N  
City-State-Zip: LARGO FL 33773

Title OD  
Name AZAR, MARIE  
Address 11776 106TH AVE N  
City-State-Zip: SEMINOLE FL 33778

*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: SHERRI-ANN R. ARMOOGAN**

**PRESIDENT**

**04/29/2014**

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

\_\_\_\_\_  
Date