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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 10:14

DOCUMENT # 734883 (2)

1. Corporation Name
LIGHT IN THE EAST, INC.

Principal Place of Business	Mailing Address
351 BENNETTS FARM RD. RIDGEFIELD CT 06877	351 BENNETTS FARM RD. RIDGEFIELD CT 06877

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1976
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-1692656 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 LIGHT IN THE EAST, INC.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. BOX 1126
City & State 23	City & State 28 RIDGEFIELD, CT.
Zip 24 / Country 25	Zip 29 06877-9126 / Country 30 USA

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DRY, CHARLES
1957 SW PALM CITY RD
APT 1
STUART FL 34944

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	☐ Change ☐ Addition
NAME	BERGEN, JACOB	1.2 NAME	
STREET ADDRESS	351 BENNETTS FARM RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEFIELD CT	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	BERGEN, LILLIAN	2.2 NAME	
STREET ADDRESS	351 BENNETTS FARM RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEFIELD CT	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SIMITIU, GABRIEL	3.2 NAME	
STREET ADDRESS	402 SUN VALLEY MT RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	EFFORT, PA 18330	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	☐ Change ☐ Addition
NAME	CAMILLERI, ROBERT	4.2 NAME	
STREET ADDRESS	300 WEST MAIN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	BABYLON NY	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	LAKE, JAMES
STREET ADDRESS		5.3 STREET ADDRESS	799 SO. MAIN ST.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ATHOL, MA. 01331
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	LAKE, NANCY
STREET ADDRESS		6.3 STREET ADDRESS	799 SO. MAIN ST.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ATHOL, MA 01331

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jacob Bergen (JACOB BERGEN) Jan. 18/95 (803) 431-7817
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0073284