

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **734883** (2)

1. Corporation Name  
**LIGHT IN THE EAST, INC.**

|   |  |
|---|--|
| Principal Place of Business<br><b>351 BENNETTS FARM RD.<br/>RIDGEFIELD CT 06877</b> | Mailing Address<br><b>LIGHT IN THE EAST INC<br/>P O BOX 1126<br/>RIDGEFIELD CT 06877-9126<br/>US</b> |
|---|--|



|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>02/04/1976</b> |  |
| 4. FEI Number<br><b>59-1692656</b>                     | Applied For<br><input type="checkbox"/> Not Applicable |

|   |  |  |
|---|--|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|--|--|

9. Name and Address of Current Registered Agent

**DRY, CHARLES  
175 SE SAINT LUCIE BLVD  
APTE A-82  
STUART FL 34998**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------|---|---|
| TITLE                      | <b>PDT</b>                     | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BERGEN, JACOB</b>           | 1.2 NAME  |   |
| STREET ADDRESS             | <b>351 BENNETTS FARM RD.</b>   | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>RIDGEFIELD CT</b>           | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>ST</b>                      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BERGEN, LILLIAN</b>         | 2.2 NAME  |   |
| STREET ADDRESS             | <b>351 BENNETTS FARM RD.</b>   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>RIDGEFIELD CT</b>           | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b>                       | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SIMITIU, GABRIEL</b>        | 3.2 NAME  |   |
| STREET ADDRESS             | <b>63-53 60TH PLACE</b>        | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>RIDGEWOOD NY</b>            | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b>                       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CAMILLERI, ROBERT</b>       | 4.2 NAME  |   |
| STREET ADDRESS             | <b>11079 AUBURNDALE STREET</b> | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>SPRINGS HILL FL</b>         | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>C</b>                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LAKE, JAMES</b>             | 5.2 NAME  |   |
| STREET ADDRESS             | <b>799 SO MAIN ST</b>          | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ATHOL MA</b>                | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b>                       | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LAKE, NANCY</b>             | 6.2 NAME  |   |
| STREET ADDRESS             | <b>799 SO MAIN ST</b>          | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ATHOL MA</b>                | 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 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) FEB. 5/98 (203) 431-9817

CR2E037 (10/97)