


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90051 013 ****61.25

03-02-1999 90051 014 *****8.75

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 734883					
1. Corporation Name LIGHT IN THE EAST, INC.					
Principal Place of Business 351 BENNETTS FARM RD. RIDGEFIELD CT 06877			Mailing Address LIGHT IN THE EAST INC P O BOX 1126 RIDGEFIELD CT 06877-9126 US		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/04/1976	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1692656	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent DRY, CHARLES 175 SE SAINT LUCIE BLVD APTE A-92 STUART FL 34996				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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDT	<input type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE		2.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMITIU, GABRIEL			3.2 NAME			
STREET ADDRESS	63-53 60TH PLACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	RIDGEWOOD NY			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMILLERI, ROBERT			4.2 NAME			
STREET ADDRESS	11079 AUBURNDALE STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	SPRINGS HILL FL			4.4 CITY-ST-ZIP			
TITLE	E	<input type="checkbox"/> DELETE		5.1 TITLE	V/C/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAKE, JAMES			5.2 NAME			
STREET ADDRESS	799 SO MAIN ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	ATHOL MA			5.4 CITY-ST-ZIP			
TITLE	E	<input type="checkbox"/> DELETE		6.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAKE, NANCY			6.2 NAME			
STREET ADDRESS	799 SO MAIN ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	ATHOL MA			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, with all other like empowered.

SIGNATURE: JACOB BERGEN (JACOB BERGEN) 1-8-99 (203) 431-9817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)