

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90064 001 *****61.25

02-16-2004 90064 002 *****8.75

DOCUMENT # 734883

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1692656

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DRY, CHARLES
4569 SE HALSTON CT
STUART FL 34997**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BERGEN, JACOB ☐ Delete
STREET ADDRESS 351 BENNETTS FARM RD.
CITY-ST-ZIP RIDGEFIELD CT

TITLE T
NAME BERGEN, LILLIAN ☐ Delete
STREET ADDRESS 351 BENNETTS FARM RD.
CITY-ST-ZIP RIDGEFIELD CT

TITLE D
NAME ~~SIMITU, GABRIEL~~ ☒ Delete
STREET ADDRESS ~~63-53-60TH PLACE~~
CITY-ST-ZIP ~~RIDGEWOOD NY~~

TITLE D
NAME CAMILLERI, ROBERT ☐ Delete
STREET ADDRESS 12221 LEGEND ST
CITY-ST-ZIP SPRING HILL FL 34609

TITLE VCD
NAME LAKE, JAMES ☐ Delete
STREET ADDRESS 799 SO MAIN ST
CITY-ST-ZIP ATHOL MA

TITLE S
NAME LAKE, NANCY ☐ Delete
STREET ADDRESS 799 SO MAIN ST
CITY-ST-ZIP ATHOL MA

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **ROBERT KRAUS**
STREET ADDRESS **57 PROSPECT ST. APT. 31**
CITY-ST-ZIP **RIDGEFIELD, CT 06877**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jacob Bergen (JACOB BERGEN)

FEB. 5/04

(203) 431-9817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #