

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752503

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: VISIBLE LIGHT, INC.

**Current Principal Place of Business:**

1317 S. PARK AVE  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4200  
SANFORD, FL 32772

**New Mailing Address:**

FEI Number: 59-2017075

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FUSCO, DOMENIC  
1317 S. PARK AVE  
SANFORD, FL 32771 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DPC ( ) Delete  
Name: FUSCO, DOMENIC  
Address: 1317 SOUTH PARK AVENUE  
City-St-Zip: SANFORD, FL 32771

Title: DV ( ) Delete  
Name: FUSCO, CHARLOTTE R  
Address: 1317 S. PARK AVE  
City-St-Zip: SANFORD, FL 32771

Title: DS ( ) Delete  
Name: RENSHAW, VIVIAN  
Address: 1317 S. PARK AVE  
City-St-Zip: SANFORD, FL 32771

Title: DT ( ) Delete  
Name: SULUH, GIOVANNINA  
Address: 208 W 19TH ST.  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLOTTE R FUSCO

VP

04/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date