

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000004616

1. Entity Name

FOUNDATION FOR LIGHT THERAPY, INC.



Principal Place of Business

6554 LAS FLORES DR
BOCA RATON, FL 33483

Mailing Address

6554 LAS FLORES DR
BOCA RATON, FL 33483

FILED

04 JAN 20 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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01192004 No Chg-NP CR2E037 (10/03)

4. FEI Number

65-1048088

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DISTEFANO, ROBERT
6554 LAS FLORES DR
BOCA RATON, FL 33483

**DO NOT WRITE
IN THIS SPACE**

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

ROBERT DISTEFANO

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

(NOTE: Registered Agent signature required when reinstating)

1-19-04

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DISTEFANO, ROBERT J
STREET ADDRESS 6554 LAS FLORES DR
CITY-ST-ZIP BOCA RATON, FL 33483

TITLE VD
NAME DISTEFANO, ROBERT A DR
STREET ADDRESS 6554 LAS FLORES DR
CITY-ST-ZIP BOCA RATON, FL 33483

TITLE STD
NAME MCDONALD, MARY BETH
STREET ADDRESS 6554 LAS FLORES DR
CITY-ST-ZIP BOCA RATON, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600027492696
01/23/04--01019--006 **61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT DISTEFANO

Date

Daytime Phone #

1-19-04 (521) 488-7373

T. Lewis 1/22/04