

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003763

FILED  
Jan 22, 2005  
Secretary of State

**Entity Name:** LAYERS OF LIGHT FOUNDATION, INC.

**Current Principal Place of Business:**

2351 HIDDEN PINE LANE  
PALM BAY, FL 32905

**New Principal Place of Business:**

**Current Mailing Address:**

2351 HIDDEN PINE LANE  
PALM BAY, FL 32905

**New Mailing Address:**

**FEI Number:** 59-3721335

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEANS, THOMAS W P.A.  
47 W. NEW HAVEN AVENUE  
SUITE 200  
MELBOURNE, FL 32901 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: D ( ) Delete  
Name: JONES, RONALD H  
Address: 2351 HIDDEN PINE LANE NE  
City-St-Zip: PALM BAY, FL 32905

Title: D ( ) Delete  
Name: AVILES, ROBERT A  
Address: 2351 HIDDEN PINE LANE NE  
City-St-Zip: PALM BAY, FL 32905

Title: D (X) Delete  
Name: SUTTKA, SARI Y  
Address: 2351 HIDDEN PINE LANE NE  
City-St-Zip: PALM BAY, FL 32905

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

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

Title: D (X) Change ( ) Addition  
Name: SUTTKA, SARI Y  
Address: 2351 HIDDEN PINE LANE NE  
City-St-Zip: PALM BAY, FL 32905

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RONALD H. JONES

PRES

01/22/2005

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

\_\_\_\_\_  
Date