

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009995

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** FOUNDATION OF LIGHTS, INC.

**Current Principal Place of Business:**

120 FLORAL ST  
OCOOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 784896  
WINTER GARDEN, FL 34778

**New Mailing Address:**

**FEI Number:** 20-0399279

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NASIR, NAEEM  
9320 LAKE FISCHER BLVD  
GOTHA, FL 34734 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  
Name: HABACH, IBRAHIM  
Address: 9320 LAKE FISCHER BLVD  
City-St-Zip: GOTHA, FL 34734

Title: D  
Name: SIDDIQUI, MUSARRAT  
Address: 9320 LAKE FISCHER BLVD  
City-St-Zip: GOTHA, FL 34734

Title: D  
Name: QURESHI, MOHAMMAD  
Address: 9320 LAKE FISCHER BLVD  
City-St-Zip: GOTHA, FL 34734

Title: D  
Name: NASIR, NAEEM D  
Address: 9320 LAKE FISCHER BLVD  
City-St-Zip: GOTHA, FL 34734

Title: D  
Name: BACCHUS, ABDOOL  
Address: 9320 LAKE FISCHER BLVD  
City-St-Zip: GOTHA, FL 34734

Title: D  
Name: ALI, SHAMEEM  
Address: 9320 LAKE FISCHER BLVD  
City-St-Zip: GOTHA, FL 34734

I hereby 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 all other like empowered.

**SIGNATURE:** SHAMEEM ALI

D

04/27/2012

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

\_\_\_\_\_  
Date