FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005585 (4)

1. Corporation Name

LIGHT IN THE DARK, INC.

Principal Place of Business	Mailing Address
1108 DORIS AVE. TAVARES FL 32778	1108 DORIS AVE. TAVARES FL 32778

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1994
3a. Date of Last Report:
4. FEI Number: 59-3275672 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1520 Ocean Shore Blvd	26 P.O. Box 3193
22 Suite, Apt. #, etc. # 206	27 Suite, Apt. #, etc.
23 City & State Ormond Beach FLA	28 City & State FL
24 Zip 32175 25 Country	29 Zip 32175 30 Country U.S.A.

9. Name and Address of Current Registered Agent

FLYNN
FAIN, MICHAEL
1108 DORIS AVE.
TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name: Michael FLYNN
82 Street Address (P.O. Box Number is Not Acceptable): 1520 Ocean Shore Blvd # 206
83
84 City: Ormond Beach FL 85 Zip Code: 32175

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Michael Flynn Michael FLYNN/Vice President 4-13-95
(Signature, typed or printed name of Registered Agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☐ Change ☐ Addition
NAME	FAIN, JEFFERY	12 NAME	
STREET ADDRESS	1112 W. EDMONDS	13 STREET ADDRESS	
CITY-ST-ZIP	ST. LEESBURG FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FAIN, JANE D	22 NAME	
STREET ADDRESS	1112 W. EDMONDS	23 STREET ADDRESS	
CITY-ST-ZIP	ST. LEESBURG FL	24 CITY-ST-ZIP	
TITLE	DVT	31 TITLE	☐ Change ☐ Addition
NAME	FLYNN, MICHAEL	32 NAME	
STREET ADDRESS	1108 DORIS AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL 32778	34 CITY-ST-ZIP	
TITLE	Secretary Treasurer	41 TITLE	☐ Change ☐ Addition
NAME	Mary Lou St.Cello	42 NAME	
STREET ADDRESS	325 W. Lake Dr.	43 STREET ADDRESS	
CITY-ST-ZIP	Maitland FL 32751	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Flynn Michael FLYNN 4-13-95 (904)441-5196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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