

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91032 005 ****61.25

DOCUMENT # N96000004294

1. Entity Name

LIGHT EDUCATION, INC.



Principal Place of Business

**3106 TANGLEWOOD DRIVE
SARASOTA FL 34239**

Mailing Address

**POST OFFICE BOX 15043
SARASOTA FL 34277**

34006030



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0830968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHULTE, MARCIA W
3106 TANGLEWOOD DR
SARASOTA FL 34289**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DVP
NAME SCHULTE, ALLAN A ☐ Delete
STREET ADDRESS 3106 TANGLEWOOD DRIVE
CITY-ST-ZIP SARASOTA FL 34239

TITLE DPT
NAME SCHULTE, MARCIA W ☐ Delete
STREET ADDRESS 3106 TANGLEWOOD DRIVE
CITY-ST-ZIP SARASOTA FL 34239

TITLE DS
NAME SCHULTE, BROOKE C ☐ Delete
STREET ADDRESS 3106 TANGLEWOOD DRIVE
CITY-ST-ZIP SARASOTA FL 34239

TITLE D
NAME DANIEL, GINGER ☐ Delete
STREET ADDRESS 5049 HIGEL AVE
CITY-ST-ZIP SARASOTA FL 34242

TITLE D
NAME PAGE, EDWARD ☐ Delete
STREET ADDRESS 5400 OCEAN BLVD, #101
CITY-ST-ZIP SARASOTA FL 34242

TITLE D
NAME OLIVIERI, DAVID ☐ Delete
STREET ADDRESS 6920 44TH CT EAST
CITY-ST-ZIP SARASOTA FL 34243

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Dir. ☐ Change ☒ Addition
NAME LAURA A. PLUM, CPA
STREET ADDRESS 1800 Second Ave, Suite 745
CITY-ST-ZIP SARASOTA, FL 34236

TITLE Dir. ☐ Change ☒ Addition
NAME Patricia Bjelland
STREET ADDRESS 6285 Midnight Pass Rd., Bldg 4 #201
CITY-ST-ZIP SARASOTA, FL 34242

TITLE DS ☒ Change ☐ Addition
NAME BROOKE OLIVIERI
STREET ADDRESS 6920 44TH COURT EAST
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Marcia W. Schulte D/P/T **MARCIA W. SCHULTE** 4/24/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-923-2800