

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004294

FILED  
Apr 29, 2010  
Secretary of State

Entity Name: LIGHT EDUCATION, INC.

**Current Principal Place of Business:**

3106 TANGLEWOOD DRIVE  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

3106 TANGLEWOOD DRIVE  
SARASOTA, FL 34239

**New Mailing Address:**

FEI Number: 65-0830968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHULTE, MARCIA W  
3106 TANGLEWOOD DR  
SARASOTA, FL 34289 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: DVP  
Name: OLIVIERI, BROOKE S  
Address: 2784 HARVEST DR.  
City-St-Zip: SARASOTA, FL 34240

Title: DPT  
Name: SCHULTE, MARCIA W  
Address: 3106 TANGLEWOOD DRIVE  
City-St-Zip: SARASOTA, FL 34239

Title: D  
Name: PAGE, EDWARD  
Address: 1299 N. TAMiami TRAIL  
City-St-Zip: SARASOTA, FL 34236

Title: DS  
Name: MERMIN, GINGER  
Address: 606 OWL WAY  
City-St-Zip: SARASOTA, FL 34236

Title: D  
Name: INGRAM, TRACY B  
Address: PO BOX 367333  
City-St-Zip: BONITA SPRINGS, FL 34136

Title: D  
Name: OLIVIERI, DAVID  
Address: 2784 HARVEST DRIVE  
City-St-Zip: SARASOTA, FL 34240

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: MARCIA WRIGHT SCHULTE

DPT

04/29/2010

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

\_\_\_\_\_  
Date