2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000698

Entity Name: THE LIGHT CLUB, INC.

FILED Jan 06, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 630 E OCEAN AVE BOYNTON BEACH, FL 33435 **Current Mailing Address: New Mailing Address:** 630 E OCEAN AVE BOYNTON BEACH, FL 33435 FEI Number: 65-0816631 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORAN, JAMES J 630 E OCEAN AVE BOYNTON BEACH, FL 33435 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MORAN, KAREN Name: Name: 630 E. OCEAN AVENUE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: MORAN, JAMES J Name: Address: 630 E. OCEAN AVENUE Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: () Delete Title: () Change () Addition DONNALLY, DAVID Name: Name: Address: 400 JACKSON AVE Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: Title: () Delete Title: () Change () Addition Name: VACCARO, JOHN R Name: 1325 S. CONGRESS AVENUE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: Title: () Delete Title: () Change () Addition DONNALLY, TAMI Name: Name: 400 JACKSON AVE Address: Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: Title: () Delete Title: () Change () Addition LASETER, PAT Name: Name: Address: 124 PARKWOOD DR. S. Address: ROYAL PALM BEACH, FL 33411 City-St-Zip: 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: KAREN MORAN PD 01/06/2004