


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N98000000698</b> 1. Entity Name <b>THE LIGHT CLUB, INC.</b>	
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Principal Place of Business <b>630 E OCEAN AVE BOYNTON BEACH, FL 33435</b>	Mailing Address <b>630 E OCEAN AVE BOYNTON BEACH, FL 33435</b>
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**DO NOT WRITE IN THIS SPACE**



01292007 No Chg-NP

CR2E037 (4/06)

4. FEI Number <b>65-0816631</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MORAN, JAMES J 630 E OCEAN AVE BOYNTON BEACH, FL 33435</b>
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IN THIS SPACE**

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

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORAN, KAREN 630 E. OCEAN AVENUE BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORAN, JAMES J 630 E. OCEAN AVENUE BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNALLY, DAVID 400 JACKSON AVE. LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VACCARO, JOHN R 1325 S. CONGRESS AVENUE BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNALLY, TAMI 400 JACKSON AVE. LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASETER, PAT 124 PARKWOOD DR. S. ROYAL PALM BEACH, FL 33411

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Karen Moran - Karen Moran 1-29-07 561-478-8361  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #