SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 21, 1999 8:00 am
Secretary of State
09-21-1999 90024 037 ****61.25

000107

618243 - 90024 - 37

DOCUMENT # N93000003552

1. Corporation Name
LIGHT OF FREEDOM INC.

Principal Place of Business	Mailing Address
1872 DERBYSHIRE ROAD MAITLAND FL 32751	1872 DERBYSHIRE ROAD MAITLAND FL 32751

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 1073 Chesterfield Circle, Winter Springs, Fl.	26	08/02/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number ☐ Applied For
22 "	27 Zip. 32708	59-3195171 ☐ Not Applicable
City & State	City & State	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
23 "	28 Winter Springs, Fl.	
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24 " 25 "	29 32708 30 USA	

9. Name and Address of Current Registered Agent

ANDERSON, PATRICIA
1872 DERBYSHIRE ROAD
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name: Wilson, Corine V.
82 Street Address (P.O. Box Number is Not Acceptable): 1023 Chesterfield Circle
83
84 City: Winter Springs FL 85 Zip Code: 32708

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Corine V Wilson — 9/14/99
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	D	☐ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	ABERNETHY, CARR B		1.2 NAME	Abernethy, Carr B.	
STREET ADDRESS	593 CAPITAL LANE		1.3 STREET ADDRESS	1257 Moles RD. SW	
CITY-ST-ZIP	SANFORD FL		1.4 CITY-ST-ZIP	Willis, VA. 24380	
TITLE	P	☐ DELETE	2.1 TITLE	VP	☐ Change ☑ Addition
NAME	WILSON, CORINE V		2.2 NAME	Abernethy, Thais	
STREET ADDRESS	1073 CHESTERFIELD CIRCLE		2.3 STREET ADDRESS	1257 Moles Rd. Willis, VA 24380	
CITY-ST-ZIP	WINTER SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RODGERS, NANCY		3.2 NAME		
STREET ADDRESS	50 OLYMPIA COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ANGELES WA		3.4. CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE	Corine V. Wilson	☑ Change ☐ Addition
NAME	SAUNDERS, LEE S		4. 2 NAME	1073 Chesterfield Circle	
STREET ADDRESS	6170 HWY 57 EAST		4.3 STREET ADDRESS	Winter Springs, FL. 32708	
CITY-ST-ZIP	ROSSVILLE TN		4.4 CITY-ST-ZIP		
TITLE	TS	☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	CARNEGLIA, LAWRENCE J.		5.2 NAME	Tommy Bailey	
STREET ADDRESS	1872 DERBYSHIRE ROAD		5.3 STREET ADDRESS	1257 Moles Rd.	
CITY-ST-ZIP	MAITLAND FL		5.4 CITY-ST-ZIP	Willis, VA 24380	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME			6.2 NAME	TRILIA G. Anderson	
STREET ADDRESS			6.3 STREET ADDRESS	681 Halls Store Rd.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Willis, VA. 24380	

14. 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 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, with all other like empowered.

SIGNATURE: Lawrence J. Carneglia, TREAS 9/14/99 407-260-6521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)