

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

03-10-2002 90313 001 *****8.75
 03-10-2002 90313 002 *****61.25

DOCUMENT # N93000003552

1. Entity Name

LIGHT OF FREEDOM INC.

Principal Place of Business

Mailing Address

**1073 CHESTERFIELD CIRCLE
 WINTER SPRINGS FL 32708
 US**

**1073 CHESTERFIELD CIRCLE
 WINTER SPRINGS FL 32708
 US**

2. Principal Place of Business

3. Mailing Address

1257 MOLES RD. S.W.

1257 MOLES RD. S.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WILLIS, VA.

WILLIS, VA.

4. FEI Number

59-3195171

Applied For

Not Applicable

Zip

Country

Zip

Country

24380-5003

USA

24380-5003

USA

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, CORINE V
 1073 CHESTERFIELD CIRCLE
 WINTER SPRINGS FL 32708**

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.

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D** ☐ Delete
 NAME **ABERNETHY, CARR B**
 STREET ADDRESS **1257 MOLES ROAD S.W.**
 CITY-ST-ZIP **WILLIS VA 24380**

TITLE **D** ☐ Change ☒ Addition
 NAME **CYNTHIA BERRY**
 STREET ADDRESS **3303 T.C.U. BLVD**
 CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE **D** ☐ Delete
 NAME **WILSON, CORINE V**
 STREET ADDRESS **1073 CHESTERFIELD CIRCLE**
 CITY-ST-ZIP **WINTER SPRINGS FL**

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

TITLE **VP/D** ☐ Delete
 NAME **ABERNATHY, THAIS**
 STREET ADDRESS **1257 MOLES ROAD S.W.**
 CITY-ST-ZIP **WILLIS VA 24380**

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

TITLE **D** ☐ Delete
 NAME **ANDERSON, PATRICICA G**
 STREET ADDRESS **618 HALLS STORE RD**
 CITY-ST-ZIP **WILLIS VA 24380**

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

TITLE **TS/D** ☐ Delete
 NAME **CARNEGLIA, LAWRENCE J.**
 STREET ADDRESS **1872 DERBYSHIRE ROAD**
 CITY-ST-ZIP **MAITLAND FL**

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

TITLE **D** ☐ Delete
 NAME **CROWELL, BETTY**
 STREET ADDRESS **1257 MOLES ROAD S.W.**
 CITY-ST-ZIP **WILLIS VA 24380**

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:

CARR B. ABERNETHY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/02 (540) 593-2169

Date

Daytime Phone #

CR2E037 (9/01)