2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2004 08:00 AM Secretary of State DOCUMENT # N93000003552 1. Entity Name LIGHT OF FREEDOM INC. Principal Place of Business Mailing Address 1257 MOLES RD SW 1257 MOLES RD SW WILLIS VA 24380-5003 WILLIS VA 24380-5003 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3195171 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILSON, CORINE V Street Address (P.O. Box Number is Not Acceptable) 1073 CHESTERFIELD CIRCLE WINTER SPRINGS FL 32708 City Zip Code FI 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 registored agent and fille if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD ☐ Deleie TITLE Change 33T4 F Addition ABERNETHY, CARR B NAME NAME 1257 MOLES ROAD S.W. STREET ADDRESS STREET ADDRESS UODOOO040889 WILLIS VA 24380 COTY ST-70P 02/03/04-80066-006 61.25 CITY-ST-ZIP ☐ Chance ☐ Addition TITLE Delete THE WILSON, CORINE V NAME 1073 CHESTERFIELD CIRCLE STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL CETY - ST- 719 CHY-ST-71P VPD TITLE ☐ Delete THE Change ☐ Addition ABERNATHY, THAIS NAME NAME 1257 MOLES ROAD S.W. STREET ADDRESS STREET ADDRESS WILLIS VA 24380 CITY-ST-ZIP CITY-ST-ZIP Delete 7171 F Change Addition TIRLE ANDERSON, PATRICICA G NAME NAME 618 HALLS STORE RD STREET ADDRESS STREET ADDRESS WILLIS VA 24380 CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition 7371 F 3371 F CARNEGLIA, LAWRENCE J. NAME MAME 1872 DERBYSHIRE ROAD STREET ADDRESS STREET ADDRESS MAITLAND FL CITY-ST-ZIP CRY-ST-ZIP TITLE Delete TITLE Change ☐ Addition CROWELL, BETTY NAME 1257 MOLES ROAD S.W. STREET ADDRESS STREET ADDRESS WILLIS VA 24380 CITY-ST-ZIP CETY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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:

FILED

540-593-2169