

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003552

Entity Name: LIGHT OF FREEDOM INC.**Current Principal Place of Business:**268 LIGHT OF FREEDOM WAY SW
WILLIS, VA 24380-5003**Current Mailing Address:**268 LIGHT OF FREEDOM WAY SW
WILLIS, VA 24380-5003 US**FEI Number:** 59-3195171**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CROWELL, BETTY CMS
611 PARK LAKE ST.
ORLANDO, FL 32803 US*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**Officer/Director Detail :**

Title	PD
Name	PIERCE, SCOTT MR
Address	268 LIGHT OF FREEDOM WAY SW
City-State-Zip:	WILLIS VA 24380-5003

Title	SD
Name	PIERCE, CASSIE MS
Address	268 LIGHT OF FREEDOM WAY SW
City-State-Zip:	WILLIS VA 24380-5003

Title	D
Name	MATLACK, JODY MS.
Address	233 LIGHT OF FREEDOM WAY SW
City-State-Zip:	WILLIS VA 24380

Title	TREASURER
Name	ABERNETHY-MCCLURE, THAIS MS
Address	268 LIGHT OF FREEDOM WAY SW
City-State-Zip:	WILLIS VA 24380

Title	D
Name	CROWELL, BETTY CMS
Address	611 PARK LAKE ST.
City-State-Zip:	ORLANDO FL 32803

Title	VP
Name	MCCLURE, EDWARD E
Address	268 LIGHT OF FREEDOM WAY SW
City-State-Zip:	WILLIS VA 24380-5003

I hereby 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 all other like empowered.

SIGNATURE: THAIS ABERNETHY-MCCLURE**TREASURER****02/04/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date