

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000003453**

1. Entity Name  
LIGHT THE WAY CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business

1950 LEE RD.  
#210  
WINTER PARK, FL 32789 OR

Mailing Address

1295 DEER PATH DR.  
OSTEEN, FL 32764 VO



01282008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

03-0587178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLOW, SANDRA C  
1295 DEER PATH DR.  
OSTEEN, FL 32764-VO

**DO NOT WRITE  
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 reconstituting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME BLOW, SANDRA C  
STREET ADDRESS 1295 DEER PATH DR.  
CITY-ST-ZIP OSTEEN, FL 32764

TITLE DIR  
NAME SMITH, CHRIS SR.  
STREET ADDRESS 210 VILLA DR.  
CITY-ST-ZIP SANFORD, FL 32771

TITLE DIR  
NAME SMITH, PATRICIA  
STREET ADDRESS 210 VILLA DR.  
CITY-ST-ZIP SANFORD, FL 32771

TITLE DIR  
NAME HARRINGTON, LAURIE J.  
STREET ADDRESS 854 S. DIVISION ST.  
CITY-ST-ZIP OVIEO, FL 32765

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000838965  
03/05/08-80052-009 70.00

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-08