

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010017

Entity Name: LIGHT THE WINDOW, INC

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

517 WEKIVA COVE RD.
LONGWOOD, FL 32779

New Principal Place of Business:

1945 HIBISCUS ST
SARASOTA, FL 34239

Current Mailing Address:

P O BOX 916234
LONGWOOD, FL 32791

New Mailing Address:

1945 HIBISCUS ST
SARASOTA, FL 34239

FEI Number: 20-5643055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOODY, JOE W.
517 WEKIVA COVE RD.
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

MOODY, JOE W.
1945 HIBISCUS ST
SARASOTA, FL 34239 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:

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOODY, JOE
Address: 517 WEKIVA COVE RD.
City-St-Zip: LONGWOOD, FL 32779

Title: DS () Delete
Name: MOODY, DIANE
Address: 517 WEKIVA COVE RD.
City-St-Zip: LONGWOOD, FL 32779

Title: DT () Delete
Name: COLEMAN, GARY
Address: 517 WEKIVA COVE RD.
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOODY, JOE
Address: 1945 HIBISCUS ST
City-St-Zip: SARASOTA, FL 34239

Title: DS (X) Change () Addition
Name: MOODY, DIANE
Address: 1945 HIBISCUS ST
City-St-Zip: SARASOTA, FL 34239

Title: DT (X) Change () Addition
Name: COLEMAN, GARY
Address: 5205 FAIRWAY LAKES CT
City-St-Zip: GARLAND, TX 75044

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOE W MOODY

PD

01/16/2009

Electronic Signature of Signing Officer or Director

Date