2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003552

Entity Name: LIGHT OF FREEDOM INC.

FILED Feb 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1257 MOLES RD SW WILLIS, VA 243805003 US **Current Mailing Address: New Mailing Address:** 1257 MOLES RD SW WILLIS, VA 243805003 US FEI Number: 59-3195171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CROWELL, BETTY C MS 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ABERNETHY, CARR B MR Name: Name: 1257 MOLES ROAD S.W. Address: Address: City-St-Zip: WILLIS, VA 24380 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: COSBY, JOHN MR Name: Address: 2533 WESTOVER ST. Address: City-St-Zip: ROANOKE, VA 24015 US City-St-Zip: Title: VPD () Delete Title: () Change () Addition ABERNETHY, THAIS MS Name: Name: 1257 MOLES ROAD S.W. Address: Address: City-St-Zip: WILLIS, VA 24380 US City-St-Zip: () Delete Title: TSD Title: () Change () Addition Name: CARNEGLIA, LAWRENCE J. MR Name: Address: 681 HALL'S STORE RD. Address: City-St-Zip: WILLIS, VA 24380 US City-St-Zip: Title: () Delete Title: () Change () Addition CROWELL, BETTY C MS Name: Name: 611 PARK LAKE ST. Address: Address: City-St-Zip: ORLANDO, FL 32803 US City-St-Zip: Title: () Delete Title: () Change () Addition MATLACK, JODY MS. Name: Name: Address: 356 LEAMAN RD. Address: COCHRANVILLE, PA 19330 US City-St-Zip: City-St-Zip:

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: CARR B ABERNETHY PRES 02/06/2009