


FILE NOW: FILING FEE IS \$61.25

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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000434 (7)**

1. Corporation Name

PATHWAY OF LIGHT, INC.



Principal Place of Business	Mailing Address
8520 CALIFORNIA WOODS CIR. ORLANDO FL	8520 CALIFORNIA WOODS CIR. ORLANDO FL

2. Principal Place of Business	2a. Mailing Address
21 705 Sarita Street	26 705 Sarita Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Sanford, Florida	28 Sanford Florida
Zip	Zip
24 32773	29 32773
Country	Country
25	30

3. Date Incorporated or Qualified	
01/21/1997	
4. FEI Number	Applied For
59-3516513	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
ORSINI, RODOLFO REV. 705 SARITA STREET SANFORD FL 32773	

10. Name and Address of New Registered Agent	
81 Name	ORSINI, Ricardo REV.
82 Street Address (P.O. Box Number is Not Acceptable)	705 SARITA STREET
83	Sanford FL 32773
84 City	FL
85 Zip Code	32773

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **6-12-98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD ORSINI, RODOLFO A REV.
STREET ADDRESS	705 SARITA STREET
CITY-ST-ZIP	SANFORD FL 32773
TITLE	<input type="checkbox"/> DELETE
NAME	SD ORSINI, LUZ M
STREET ADDRESS	8520 CALIFORNIA WOODS CIR.
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD ORSINI, RICARDO
STREET ADDRESS	8520 CALIFORNIA WOODS CIR.
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD ORSINI, Ricardo REV.
1.3 STREET ADDRESS	705 SARITA STREET
1.4 CITY-ST-ZIP	Sanford, FL 32773
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD ORSINI, LUZ M
2.3 STREET ADDRESS	8520 CALIFORNIA WOODS CIR.
2.4 CITY-ST-ZIP	Sanford, FL 32773
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD ORSINI, RODOLFO JR.
3.3 STREET ADDRESS	705 SARITA STREET
3.4 CITY-ST-ZIP	Sanford, FL 32773
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* **Ricardo Orsini** **6-12-98** **(407) 330-1098**

CR2E037 (10/97)