

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 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 # NG8 00000000 40
 1. Corporation Name The Way of the Light, Inc.

Principal Place of Business Rt. 4 Box 145
Floyd, Va. 24091
 *changed by Postmaster

Mailing Address same Rt. 4 Box 145
Floyd, Va 24091
 *changed

3. Date Incorporated or Qualified <u>December 25, 1997</u>	
4. FEI Number <u>58-2372571</u>	- Applied For - Not Applicable
5. Certificate of Status Desired <u>No</u> <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <u>No</u> <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No NONE DUE	

2. Principal Place of Business 21 <u>The Way of the Light, Inc.</u> Suite, Apt. # <u>289 Redford Rd. S.E.</u> City & State <u>Floyd, Virginia</u> Zip <u>24091-2802</u> Country <u>USA</u>	2a. Mailing Address 26 <u>The Way of the Light, Inc.</u> Suite, Apt. # <u>289 Redford Rd. S.E.</u> City & State <u>Floyd, Virginia</u> Zip <u>24091-2802</u> Country <u>USA</u>
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9. Name and Address of Current Registered Agent
Arlene Prieto
505 N.E. 30 St. Apt. 215
Miami, Fl. 33137

10. Name and Address of New Registered Agent
81 Name <u>-</u>
82 Street Address (P.O. Box Number is Not Acceptable) <u>-</u>
83 <u>-</u>
84 City <u>-</u> FL 85 Zip Code <u>-</u>

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 same as above + on records.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	<u>Address changed -> to</u>
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	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<u>Director I</u>
1.3 STREET ADDRESS	<u>Anabel Medina</u>
1.4 CITY-ST-ZIP	<u>289 Redford Rd. S.E.</u>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<u>Director II</u>
2.3 STREET ADDRESS	<u>Mercedes Hardy</u>
2.4 CITY-ST-ZIP	<u>5954 Landview Dr.</u>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<u>Director III</u>
3.3 STREET ADDRESS	<u>Adys Iturbe</u>
3.4 CITY-ST-ZIP	<u>200 Lakemont Dr.</u>
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: Adys Iturbe Adys Iturbe April 29, 1998 (770) 461-5960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)