

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90142 008 ****61.25

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DOCUMENT # N980000000040

1. Corporation Name

THE WAY OF THE LIGHT, INC.

Principal Place of Business

289 RADFORD RD SE
FLOYD VA 24091-2802

Mailing Address

289 RADFORD RD SE
FLOYD VA 24091-2802



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

12/25/1997

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

58-2372571

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRIETO, ARLENE
505 NE 30TH ST., APT. 215
MIAMI FL 33137

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

MEDINA, ANABEL

STREET ADDRESS

289 RADFORD RD SE

CITY-ST-ZIP

FLOYD VA 24091-2802

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

HARDY, MERCEDES P

STREET ADDRESS

5954 LANDVIEW DR.

CITY-ST-ZIP

ROANOKE VA 24018

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

ITURBE, ADYS

STREET ADDRESS

200 LAKEMONT DR.

CITY-ST-ZIP

FAYETTEVILLE GA 30215

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

ITURBE, ADYS

STREET ADDRESS

200 LAKEMONT DR.

CITY-ST-ZIP

FAYETTEVILLE GA 30215

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

ITURBE, ADYS

STREET ADDRESS

200 LAKEMONT DR.

CITY-ST-ZIP

FAYETTEVILLE GA 30215

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

ITURBE, ADYS

STREET ADDRESS

200 LAKEMONT DR.

CITY-ST-ZIP

FAYETTEVILLE GA 30215

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

ITURBE, ADYS

STREET ADDRESS

200 LAKEMONT DR.

CITY-ST-ZIP

FAYETTEVILLE GA 30215

TITLE

D

☐ DELETE

NAME

ITURBE, ADYS

STREET ADDRESS

200 LAKEMONT DR.

CITY-ST-ZIP

FAYETTEVILLE GA 30215

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, with all other like empowered.

SIGNATURE:

Adys Iturbe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/99 (770) 461-5960
Date Daytime Phone #

CR2E037 (11/98)