

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000000040

1. Entity 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

FILED
Feb 23, 2004 08:00 AM
Secretary of State



01252004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2372571

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME MEDINA, ANABEL
STREET ADDRESS 289 RADFORD RD SE
CITY-ST-ZIP FLOYD, VA 240912802

TITLE D
NAME HARDY, MERCEDES P
STREET ADDRESS 5954 LANDVIEW DR.
CITY-ST-ZIP ROANOKE, VA 24018

TITLE D
NAME ITURBE, ADYS
STREET ADDRESS 200 LAKEMONT DR.
CITY-ST-ZIP FAYETTEVILLE, GA 30215

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000062841
02/23/04-80135-023 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-17-04 (770) 461-5960