

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90065 020 ****61.25

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**



02062006 No Chg-NP CR2E037 (11/05)

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ITURBE, ADYS — change of address :
200 LAKEMONT DR. 130 DAWN DRIVE
FAYETTEVILLE, GA 30215 FAYETTEVILLE, GA.
30215**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

2-7-06

Date

Daytime Phone #

770-461-5960