

1.) CORPORATION NAME:

Community of Light Ministries

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CONNIE WILSON
6467 COPLER HWY
HAGUE, VA**

SCC ID NO: **07076557**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

WESTMORELAND COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6467 COPLER HWY

CITY/ST/ZIP: HAGUE, VA 22469

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: CAROLL L WILSON TITLE: PRESIDENT ADDRESS: 6467 COPLER HWY CITY/ST/ZIP/CO: HAQUE, VA 22469	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES THORNTON TITLE: TREASURER ADDRESS: 68 SILVERLEAF DRIVE CITY/ST/ZIP/CO: HAGUE, VA 22469	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TERESA WILSON TITLE: ASST TREASURER ADDRESS: 4832 SANDY POINT ROAD CITY/ST/ZIP/CO: KINSALE, VA 22488	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROLAND WILSON TITLE: ASST TREASURER ADDRESS: 118 MARION WAY CITY/ST/ZIP/CO: HAGUE, VA 22469	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CONNIE WILSON TITLE: OFFICER ADDRESS: 6467 COPLER HWY CITY/ST/ZIP/CO: HAQUE, VA 22469	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LYNDON GARNER TITLE: COUNCILMAN ADDRESS: 1617 FEMLEA ROAD CITY/ST/ZIP/CO: TAPPAHANNOCK, VA 22560	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: AUDREY GARNER TITLE: COUNCILWOMAN ADDRESS: 1617 FEMELA ROAD CITY/ST/ZIP/CO: TAPPAHANNOCK, VA 22560	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: SONYA JAMES TITLE: SECRETARY ADDRESS: 5577 NOMINI HALL ROAD CITY/ST/ZIP/CO: HAGUE, VA 22469	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: MARY THORNTON TITLE: CLERK ADDRESS: 68 SILVERLEAF DRIVE CITY/ST/ZIP/CO: HAGUE, VA 22469	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: PATRICK WILSON TITLE: VICE CHAIRMAN ADDRESS: 4832 SANDY POINT ROAD CITY/ST/ZIP/CO: KINSALE, VA 22488	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TAMMY BULLOCK TITLE: DIRECTOR ADDRESS: P. O. BOX 233 CITY/ST/ZIP/CO: MONTROSS, VA 22520	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DARRELL JAMES TITLE: DIRECTOR ADDRESS: 5577 NOMINI HALL ROAD CITY/ST/ZIP/CO: HAGUE, VA 22469	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.				
/s/ CAROLL L WILSON	CAROLL L WILSON, PRESIDENT		4/29/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.				