

1.) CORPORATION NAME: Community of Light Ministries	DUE DATE: 4/30/2016
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CONNIE WILSON 6467 COPLER HWY HAGUE, VA	SCC ID NO: 07076557
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: WESTMORELAND COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 6467 COPLER HWY CITY/ST/ZIP: HAGUE, VA 22469	
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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: HAGUE, VA 22469	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: SONYA JAMES TITLE: TREASURER ADDRESS: P.O. BOX 178 CITY/ST/ZIP/CO: HAGUE, VA 22469	<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: HAGUE, VA 22469	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DARRELL JAMES TITLE: OFFICER ADDRESS: P.O. BOX 178 CITY/ST/ZIP/CO: HAGUE, VA 22469	<input checked="" type="checkbox"/>	OFFICER	<input 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	4/27/2016
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.