

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
195 APR 21 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735624 (9)

1. Corporation Name
THE CHRISTIAN LIGHT FOUNDATION, INC.

Principal Place of Business Mailing Address
4540 SOUTHSIDE BLVD SUITE 801 P. O. BOX 16791
P O BOX 16791 P O BOX 16791
JACKSONVILLE FL 32245-3791 JACKSONVILLE FL 32245-3791
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/20/1976 3a. Date of Last Report 04/14/1994
4. FEI Number 59-1747173 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
PARRISH, MCKEY L.
6037 LA MESA DR. WEST
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS
TITLE D
NAME WILLIAMS, JAMES L
STREET ADDRESS 3833 FEATHER OAKS DR., E
CITY-ST-ZIP JACKSONVILLE FL
TITLE SD
NAME CHANCEY, C. WADE, JR.
STREET ADDRESS 1333 SAN AMARO RD.
CITY-ST-ZIP JACKSONVILLE FL
TITLE PCD
NAME ALLEN, GREGORY J
STREET ADDRESS 6834 ARIEL DR
CITY-ST-ZIP JACKSONVILLE FL
TITLE VD
NAME CUMMINGS, JACK K.
STREET ADDRESS 6153 SAN RAFAEL DR.
CITY-ST-ZIP JACKSONVILLE FL
TITLE TD
NAME GILLS, RICHARD L
STREET ADDRESS 1823 LINDBERG DR
CITY-ST-ZIP JACKSONVILLE FL
TITLE D
NAME PALMER, ERNEST R.
STREET ADDRESS 13054 SANDWEDGE CT
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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 817, Florida Statutes; and that my name appears in Block 12 or Blocks 13 if changed, or on an enclosure with an address.

SIGNATURE: April 17, 1995 904/928-9668
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #
Gregory J. Allen