

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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
JACKSONVILLE FL 32245-6791**

**P. O. BOX 16791
P O BOX 16791
JACKSONVILLE FL 32245-6791
US**

3. Date Incorporated or Qualified **04/20/1976** 3a. Date of Last Report **04/21/1995**

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**

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 **32245** 25 29 **32245-6791** 30

9. Name and Address of Current Registered Agent
**PARRISH, MICKEY L.
6937 LA MESA DR. WEST
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent

81 Name **Jerry R. White**

82 Street Address (P.O. Box Number is Not Acceptable) **3511 Baequentine Road**

83

84 City **Jacksonville** FL 85 Zip Code **32255**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 my appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Jerry R. White, Executive Director *Jerry R. White* **4/23/96**
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, JAMES L.
STREET ADDRESS	3833 FEATHER OAKS DR., E
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	CHANCEY, C. WADE, JR.
STREET ADDRESS	1333 SAN AMARO RD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	PCD <input type="checkbox"/> DELETE
NAME	ALLEN, GREGORY J
STREET ADDRESS	6834 ARIEL DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	CUMMINGS, JACK K.
STREET ADDRESS	8153 SAN RAFAEL DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	GILLS, RICHARD E.
STREET ADDRESS	1822 LINDBERG DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
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	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BLOUNT, JOHN O., SR.
1.3 STREET ADDRESS	6264 RIVIERA LANE
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WIDDOWSON, WALTER L.
2.3 STREET ADDRESS	5660 SWAMP FOX ROAD
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BONEY, WALTER T.
3.3 STREET ADDRESS	4311 HARBOUR ISLAND DRIVE
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gregory J. Allen, Sr. President *Gregory J. Allen* **4/23/96** **904-928-9668**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/TIME/PHONE #

CR2E037 (12/95)