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FILED  
May 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

3. Date incorporated or Qualified 04/20/1976 3a. Date of Last Report 04/30/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1747173 Applied For Not Applicable  
21 4540 SOUTHSIDE BLVD Suite 603 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required  
22 Suite 603 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
23 JACKSONVILLE FL 28 City & State 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No  
24 Zip 32245 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
JERRY R. WHITE 3511 BAEQUENTINE RD JACKSONVILLE FL 32255  
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 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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOUNT, JOHN O. S	1.2 NAME	
STREET ADDRESS	6284 RIVERA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANCEY, C. WADE, JR.	2.2 NAME	
STREET ADDRESS	1333 SAN AMARO RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	PCD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, GREGORY J	3.2 NAME	
STREET ADDRESS	6834 ARIEL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, JACK K.	4.2 NAME	
STREET ADDRESS	8153 SAN RAFAEL DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONEY, WALTER. T	5.2 NAME	
STREET ADDRESS	4311 HARBOUR ISLAND DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	PDC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIDDOWSON, WALTER L..	6.2 NAME	
STREET ADDRESS	5660 SWAMP FOX RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

*[Handwritten signatures and initials]*

CR2E037 (9/96)