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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735624 (9)
1. Corporation Name
THE CHRISTIAN LIGHT FOUNDATION, INC.



Principal Place of Business 4540 SOUTHSIDE BLVD SUITE 603 JACKSONVILLE FL 32245 US	Mailing Address P. O. BOX 16791 P O BOX 16791 JACKSONVILLE FL 32245-6791 US
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3. Date Incorporated or Qualified 04/20/1976	
4. FEI Number 59-1747173	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**JERRY R. WHITE
3511 BAEQUENTINE RD
JACKSONVILLE FL 32255**

10. Name and Address of New Registered Agent

81 Name JACK K CUMMINGS	
82 Street Address (P.O. Box Number is Not Acceptable) 8153 SAN RAFAEL DR	
83	
84 City JACKSONVILLE	85 Zip Code FL 32217

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 **JACK K. Cummings** *Jack K Cummings* **4/13/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD <input type="checkbox"/> DELETE
NAME	BLOUNT, JOHN O. S
STREET ADDRESS	6264 RIVIERA LANE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	CHANCEY, C. WADE, JR.
STREET ADDRESS	1333 SAN AMARO RD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	AD <input type="checkbox"/> DELETE
NAME	ALLEN, GREGORY J
STREET ADDRESS	6004 ARIEL DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BONEY, WALTER. T
STREET ADDRESS	4311 HARBOUR ISLAND DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	PD6 <input type="checkbox"/> DELETE
NAME	WIDDOWSON, WALTER L..
STREET ADDRESS	5660 SWAMP FOX RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GOUCH, SR., DAVID A.
1.3 STREET ADDRESS	4214 BLANDING BLVD
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32210
2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MODLING, A. CALVIN
2.3 STREET ADDRESS	2848 OAKLAND DR
2.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	7926 BISHOP LAKE DR. N.
3.4 CITY-ST-ZIP	
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	V D <input checked="" 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 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.

SIGNATURE *Gregory J Allen* **4/9/98**

CR2E037 (10/97)