

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90044 009 \*\*\*\*61.25

**DOCUMENT # 735624**

1. Entity 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

AVU400JZ



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1747173

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUMMINGS, JACK K  
 8153 SAN RAFAEL DR  
 JACKSONVILLE FL 32217

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>BLOUNT, JOHN O. S<br>6264 RIVIERA LANE<br>JACKSONVILLE FL      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>GOUCH, SR D A<br>4214 BLANDING BLVD<br>JACKSONVILLE FL 32210   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ALLEN, GREGORY J<br>7926 BISHOP LAKE DRIVE N<br>JACKSONVILLE FL | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BONEY, WALTER. T<br>4311 HARBOUR ISLAND DR<br>JACKSONVILLE FL   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>WIDDOWSON, WALTER L.<br>5660 SWAMP FOX RD<br>JACKSONVILLE FL   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>MODLING, A C<br>2848 OAKLAND DR<br>GREEN COVE SPRINGS FL 32043 | <input type="checkbox"/> Delete |

|  |                |  |
|--|----------------|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | (SEE ADDENDUM) | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*J. W. Howard*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

904-928-9668

Date

Daytime Phone #

CR2E037 (10/00)

Attachment

Doc. # 735624  
A00018892

**CHRISTIAN LIGHT FOUNDATION, INC.  
BOARD OF DIRECTORS -ADDENDUM**

**D**

**Charles H. Blankenship  
8006 Green Glade Road  
Jacksonville, FL 32256**

**D**

**Kevin Blaz  
12742 N. Hunt Club Rd  
Jacksonville, FL 32202**

**D**

**Benny W. Davis  
4439 Heavenlink Place  
Jacksonville, FL 32257**

**D**

**Henry J. Kinard, Jr.  
5308 Santa Rosa Way  
Jacksonville, FL 32211**

**TD**

**Harold M. McNeil  
3689 Rustic Lane  
Jacksonville, FL 32217**

**D**

**Jerry Mosley  
154 Sea Hammock Way  
Ponte Vedra Bch. FL 32082**

**D**

**James J. Pratt  
17 Sailfish Drive  
Ponte Vedra Beach, FL 32082**

**D**

**Alvin B. Smith  
896 Running River Road  
Jacksonville, FL 32225**

**D**

**W. Howard White  
8254 Hunters Grove Road  
Jacksonville, FL 32256**