


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90007 044 ****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**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
Zip: _____ Country: _____


MOORE CR2E037 (11/03)

4. FEI Number: **59-1747173**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CUMMINGS, JACK K
8153 SAN RAFAEL DR
JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.
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 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees** | **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	TD MCNEIL, HAROLD JR	<input type="checkbox"/> Delete
STREET ADDRESS	3689 RUSTIC LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE NAME	CD GOUCH, SR D A	<input type="checkbox"/> Delete
STREET ADDRESS	4214 BLANDING BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE NAME	D ALLEN, GREGORY J	<input type="checkbox"/> Delete
STREET ADDRESS	7926 BISHOP LAKE DRIVE N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME	D BONEY, WALTER T	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4311 HARBOUR ISLAND DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME	VD WIDDOWSON, WALTER L..	<input type="checkbox"/> Delete
STREET ADDRESS	5660 SWAMP FOX RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME	SD MODLING, A C	<input type="checkbox"/> Delete
STREET ADDRESS	2848 OAKLAND DR	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DC NILL, C. JOHN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8144 FIRST COAST HWY #102	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE NAME	DV GOUCH, SR. D A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4214 BLANDING BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE NAME	D WIDDOWSON, WALTER L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5660 SWAMP FOX RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jack K Cummings* **JACK K. Cummings** 41206904-928-9668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #