


2005 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90213 038 ****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- 23881 P. O. BOX 16791 JACKSONVILLE, FL 32245-6791 US 32241-3881
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DO NOT WRITE IN THIS SPACE



04142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1747173	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUMMINGS, JACK K
8153 SAN RAFAEL DR
JACKSONVILLE, FL 32217

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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCNEIL, HAROLD JR 3689 RUSTIC LANE JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GOUCH, SR D A 4214 BLANDING BLVD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, GREGORY J 7928 BISHOP LAKE DRIVE N JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC NILL, C. JOHN 8144 FIRST COAST HWY #102 AMELIA ISLAND, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WIDDOWSON, WALTER L 5680 SWAMP FOX RD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MODLING, A C 2848 OAKLAND DR GREEN COVE SPRINGS, FL 32043

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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: *Paul J. [Signature]* 4/19/05 904-928-9668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #