


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90048 006 \*\*\*\*61.25

<b>DOCUMENT # 735624</b>	
1. Entity Name <b>THE CHRISTIAN LIGHT FOUNDATION, INC.</b>	

Principal Place of Business <b>8921 BAYMEADOWS WAY STE 3 JACKSONVILLE, FL 32256 US</b>	Mailing Address <b>P. O. BOX 23881 JACKSONVILLE, FL 32241-6881 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04092008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1747173</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CUMMINGS, JACK K 8153 SAN RAFAEL DR JACKSONVILLE, FL 32217</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

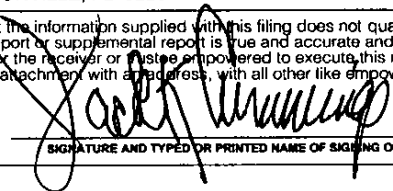
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, TED			NAME			
STREET ADDRESS	1867 HOLLY OAKS RAVINE DR			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32225			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOUCH, SR D A			NAME			
STREET ADDRESS	4214 BLANDING BLVD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALMER, ERNIE			NAME			
STREET ADDRESS	1250 HERON POOINT RD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32223			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NILL, C. JOHN			NAME			
STREET ADDRESS	8144 FIRST COAST HWY #102			STREET ADDRESS			
CITY-ST-ZIP	AMELIA ISLAND, FL 32034			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIDDOWSON, WALTER L			NAME			
STREET ADDRESS	5660 SWAMP FOX RD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DARLEY, CARL W			NAME			
STREET ADDRESS	5158 CAMELLIA CIR S			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 04/15/08 904-732-9567  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #