2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735624

FILED Mar 31, 2009 Secretary of State

Entity Name: THE CHRISTIAN LIGHT FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 8921 BAYMEADOWS WAY STE 3 JACKSONVILLE, FL 32256 US **New Mailing Address: Current Mailing Address:** P. O. BOX 23881 JACKSONVILLE, FL 322416881 US FEI Number: 59-1747173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CUMMINGS, JACK K 8153 SAN RAFAEL DR JACKSONVILLE, FL 32217 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CD () Delete (X) Change () Addition LEWIS, TED LEWIS, TED Name: Name: 1867 HOLLY OAKS RAVINE DR Address: 1867 HOLLY OAKS RAVINE DR Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32225 Title: Title: () Delete () Change () Addition Name: GOUCH, SR D A Name: Address: 4214 BLANDING BLVD Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: () Delete Title: () Change () Addition PALMER, ERNIE Name: Name: 1250 HERON POOINT RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: () Delete Title: DV Title: () Change () Addition NILL, C. JOHN Name: Name: 8144 FIRST COAST HWY #102 Address: Address: City-St-Zip: AMELIA ISLAND, FL 32034 City-St-Zip: Title: () Delete Title: () Change () Addition WIDDOWSON, WALTER L Name: Name: 5660 SWAMP FOX RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: () Delete Title: (X) Change () Addition DARLEY, CARL W DARLEY, CARL W Name: Name: Address: 5158 CAMELLIA CIR S Address: 5158 CAMELLIA CIR S JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK K CUMMINGS EXDI 03/31/2009