


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90085 040 ****61.25

DOCUMENT # 735624

1. Entity Name
THE CHRISTIAN LIGHT FOUNDATION, INC.



Principal Place of Business Mailing Address

**4540 SOUTHSIDE BLVD
SUITE 603
JACKSONVILLE FL 32245
US**

**P. O. BOX 16791
P O BOX 16791
JACKSONVILLE FL 32245-6791
US**

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNEIL, JR HAROLD M.
STREET ADDRESS	3689 RUSTIC LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *[Signature]* **4/11/03** 904-928-9668

CR2E037 (10/02)