

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000000569

1. Entity Name

**SPIRIT OF LIGHT MINISTRIES FOUNDATION FOR ENLIGHTENMENT, INC.**

Principal Place of Business

**508 THIRD STREET SOUTH  
JACKSONVILLE FL 32250**

Mailing Address

**508 THIRD STREET SOUTH  
JACKSONVILLE FL 32250**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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.

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**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>PSID ST. JAMES, ANNAMARIE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>508 THIRD STREET SOUTH</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE FL 32250</b>	
TITLE NAME	<b>D TIMBERLAKE, JOHN E IV</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>508 THIRD STREET SOUTH</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE FL 32250</b>	
TITLE NAME	<b>D CAPUTO, JOHN L</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>508 THIRD STREET SOUTH</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE FL 32250</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
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CITY-STATE-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-STATE-ZIP		

CR2E037 (9/01)

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:

**REQUIRED**

**JOHN E TIMBERLAKE II**

**904-242-0201**

**9/16/02**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90221 027 \*\*\*\*61.25

**80081113**



DO NOT WRITE IN THIS SPACE