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

DOCUMENT # N0100000569

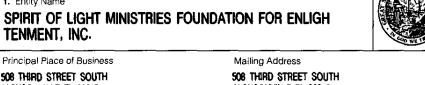
1. Entity Name



May 01, 2003 8:00 am § Secretary of State 05-01-2003 90302 014 ****61.25

FILED

SPIRIT OF LI TENMENT, I	IGHT MINISTRIES NC.	FOUNDATION	FOR ENLIGH



		508 THIRD STREET SOUTH JACKSONVILLE FL 32250			arði eldir særer færir skila fær	ici Batit Bacat Belta S	 	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAK	(ING CHANGES	\$	
City & State		City & State		4. FEI Number 4. 59 - 36 9	PPLIED FOR		oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of S		\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent	ered Agent		7. Name and Address of New Registered Agent			
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE			Name Street Ad					
	GABLES FL 33134		City		5	FL Zip Cod	le	
the obligat	e named entity submits this statement for items of registered agent. Signature, typed or printed name of registered agent. FILE NOW: FEE IS \$61.25	and title if applicable. (NOTE	: Registered Agent signatu	re required when reinstating)	DA'		to	
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	I 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ST. JAMES, ANNAMARIE 508 THIRD STREET SOUTH JACKSONVILLE FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMBERLAKE, JOHN E IV 508 THIRD STREET SOUTH JACKSONVILLE FL 32250	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. CAPUTO, JOHN L 508 THIRD STREET SOUTH JACKSONVILLE FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE -NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	<u> </u>		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and of the corporation or the receiver fir trustee empowered changed, or on an attachment by in an address, with all of the corporation or the receiver first rustee. qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

CITY-ST-ZIP