

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34002 (8)

1. Corporation Name

SONLIGHT CHRISTIAN ACADEMY INC.



Principal Place of Business

Mailing Address

% SINAL, LORETTA
P.O. BOX 352
ORANGE PARK FL 32067

% SINAL, LORETTA
P.O. BOX 352
ORANGE PARK FL 32067

3. Date Incorporated or Qualified

09/01/1989

3a. Date of Last Report

05/24/1995

2. Principal Place of Business

2a. Mailing Address

21 1123 KINGSLEY AVE.

26 PO BOX 352

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 ORANGE PARK, FL

28 ORANGE PARK, FL

Zip

Country

Zip

Country

24 32067-0352 25 USA

29 32067-0352 30 USA

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SINAL, LORETTA
1123 KINGSLEY AVE
ORANGE PARK FL 32073

81 Name

SINAL, LORETTA

82

Street Address (P.O. Box Number is Not Acceptable)

1123 KINGSLEY AVE.

83

84

City

ORANGE PARK

FL

85

Zip Code

32067-0352

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
STREET ADDRESS SINAL, LORETTA J
CITY-ST-ZIP 2876 ADMIRALS WALK DR E
ORANGE PARK FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS SINAL, FRED R.
CITY-ST-ZIP 2876 ADMIRALS WALK DR E
ORANGE PARK FL

TITLE ☐ DELETE

NAME STD
STREET ADDRESS POTTER, NATHAN A.
CITY-ST-ZIP 720 N. 2ND AVE
JACKSONVILLE BEACH FL 32250

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

Loretta J. Sinal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORETTA J. SINAL
President, Sinal Christian Academy

4-15-96

Date

704-264-4080

Daytime Phone

CR2E037 (12/95)