FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

. . .

DOCUMENT # N34002 (8)						
SONLIG	GHT CHRISTIAN ACADEMY	INC.				
Principal Place	of Business •	Mailing Address			4 (10) 0) 0); Eldil Eldil 0) 0; 0; 0; 0; 0; 10; 10; 10; 10; 10; 10;	
% SINAL. LO	RETTA	% SINAL. LORETTA				
P.O. BOX 352 P.O. BOX		P.O. BOX 352				
ORANGE PAR	3K FL 32067	ORANGE PARK FL 3200	57	3. Date Incorporated or Qualified 09/01/1989	3a. Date of Last Report 05/24/1995	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
	KINGSLEY AVE		332	59-2966309	Not Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
	GE PARK, FL	28 ORANGE F		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country 30 USA	8. This corporation has liability for i		
24 3206	7-035225 USA 9. Name and Address of Curren	29 32067- 035-2-	30 USA	Florida Statutes L 10. Name and Address of New R	Yes M No	
	9. Name and Address of Corren	L negistered Agent	81 Name		ogiololog Agent	
Chial LODETTA				IAL, LORETTA	1-)	
SINAL, LORETTA 1123 KINGSLEY AVE			Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
	E PARK FL 32073		83			
CIPTION	E TYMIN TE GEOTO		84 City		85 Zip Code	
			ORA	NGE PARK	FL 32067-03	
11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the above-named corpo	ration submits this statement for the pur	pose of changing its registered office	
or registere familiar wit	ed agent, or both, in the State of Florid th, and accept the obligations of, Secti	ion 617.0503, Florida Statutes.	on by the corporation's boa	ration submits this statement for the pur trd of directors. I hereby accept the appr	Sittifient as registered agent. Fam	
SIGNATURE _		s				
	Signature, typed or printed name of registered agent OFFICERS ANI		IF Ragistered Agent signature require 13.	od which reinstating): ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12	
12.	PD OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS CHANGES TO OTT	Change Addition	
NAME	SINAL, LORETTA J		1.2 NAME			
STREET ADDRESS	2876 ADMIRALS WALK DR E		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL		14 CITY-ST-ZIP			
TITLE	D	DELETE	2 1 TITLE		☐ Change ☐ Addition	
NAME	SINAL, FRED R.		2 2 NAME			
STREET ADDRESS	2876 ADMIRALS WALK DR E		2 3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL	Docutte	2 4 CITY - ST - ZIP	in the second se	Change Addition	
TITLE	STD	DELETE	3.1 TITLE		Citalige [] Addition	
NAME CYCLET ADORESC	POTTER, NATHAN A.		3.2 NAME 3.3 STREET ADDRESS			
STREET ADDRESS	720 N. 2ND AVE JACKSONVILLE BEACH FL 3	2250	3.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	JACKSONVILLE BLACITTES	DELETE	4.1 TITLE	***	☐ Change ☐ Addition	
NAME		<u></u>	4 2 NAME		- —	
STREET ADDRESS			4.3 \$TREET ADDRESS			
CITY - ST - ZIP			4.4 CITY - ST - ZIP			
THTLE		DELETE	51 TITLE .	40000178 -04/22/96010	3	
NAME			5.2 NAME	-04/22/96010	114805	
STREET ADDRESS			5 3 STREET ADDRESS	***70.00		
CITY-ST-ZIP		Potrete	5.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		DELETE	61 TITLE		 •	
NAME CTOSECT ADDOCCC			6.2 NAME 6.3 STREET ADDRESS		4-19-96	
STREET ADDRESS			6.4 City-ST-ZiP		4111/h	
CITY-ST-ZIP 14. I do hereb	by certify that the information supplied	with this filing is voluntarily furn	ished and does not qualify	for the exemption stated in Section 119	.07(3)(k), Florida Statutes, I further	
certify that oath: that	t the information indicated on this anni	ual report or supplemental anni pration or the receiver or truster	ual report is true and accur e empowered to execute th	ate and that his signature shall have the his report as required by Chapter 617, Fl	same legal effect as it made under	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR