

NONPROFIT
CORPORATION
ANNUAL REPORTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2001

DOCUMENT # N34002

Corporation Name

ONLIGHT CHRISTIAN ACADEMY INC.

FILED

01 MAR 19 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

NAL LORETTA
BOX 352
ORANGE PARK FL 32067-0352

Mailing Address

% SINAL LORETTA
P.O. BOX 352
ORANGE PARK FL 32067-0352

Principal Place of Business

Mailing Address

Date Incorporated or Qualified

09/01/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FBI Number

59-2966309

Applied For

Not Applicable

City & State

City & State

Certificate of Status Desired

☒\$8.75 Additional
Fee Required

Country

25

Zip

29

Country

30

Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

Name and Address of Current Registered Agent

Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

SINAL LORETTA
27 BLANDING BLVD, STE 6
ORANGE PARK FL 32065

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.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONAL INFORMATION TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ AdditionPD
SINAL LORETTA J
2876 ADMIRALS WALK DR E
ORANGE PARK FL☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

400003924564

-03/28/01--01098--023

*****70-50 *****70-50

☐ Change ☐ AdditionD
SINAL, FRED R.
2876 ADMIRALS WALK DR E
ORANGE PARK FL☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ AdditionSTD
POTTER, NATHAN A.
120 SUZANNE AVE
ORANGE PARK, FL 32073☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ AdditionD
SPICER, CAROLYN
8065 WEATHER VANE DR
JACKSONVILLE FL☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Loretta Sinal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15 2001

904-319-0414
Daytime Phone #

LORETTA J SINAL

03/28/01 (1198)