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

0001720

DOCUMENT # N48784

1. Entity Name

SON-GLOW MINISTRIES, INCORPORATED

FILED
03 NOV 24 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8726 BELLE RIVE BLVD. JACKSONVILLE FL 32256	8726 BELLE RIVE BLVD. JACKSONVILLE FL 32256

REINSTATEMENT ☐ CHECK HERE IF MAKING CHANGES ☑

2. Principal Place of Business	3. Mailing Address
6131 Terry Rd	6131 Terry Rd
Suite, Apt. #, etc. #C	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32216 / Country: USA	Zip: 32216 / Country: USA

4. FEI Number 59-3123117 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAIN, E. NEIL 8726 BELLE RIVE BLVD. JACKSONVILLE FL 32256	Name: MAILLET, ELYETTE CLAIRE Street Address (P.O. Box Number is Not Acceptable): 6131 Terry Rd City: Jacksonville FL Zip Code: 32216

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 11/17/03

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
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAIN, JOHN W 8726 BELLE RIVE BLVD. JACKSONVILLE FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900025024009 11/25/03--01021--007 **175.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAIN, E. NEIL 8726 BELLE RIVE BLVD. JACKSONVILLE FL ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MAILLET, Elyette Claire 6131 Terry Rd, Jacksonville 32216 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALDING, JOSEPH A 1092 OVINGTON ROAD JACKSONVILLE FL ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT HODGES, Betty 2011 East Street, Jacksonville 32216 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CREECY, JAMES V 1632 MARION COURT JACKSONVILLE FL ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/TREASURER LASTER, Jan 2148 Joann Rd, Jacksonville 32097 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR HARRISON, Tom 1534 Mar Vic Ln, Jacksonville, 32218 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900025024009 11/25/03--01021--008 **70.00 ☐ Change ☐ Addition

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: SIGNATURE REQUIRED 11/17/03 9042947729

CR2E037 (4/03)