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 # N95000003042 (7)

1. Corporation Name

SONLIGHT CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
6710 COLLINS RD #2211 JACKSONVILLE FL 32244	6710 COLLINS RD #2211 JACKSONVILLE FL 32244

3. Date Incorporated or Qualified: 06/23/1995
3a. Date of Last Report:

21 2. Principal Place of Business	26 2a. Mailing Address: 5150 ACRE ESTATES DR.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: JACKSONVILLE, FL.
24 Zip / 25 Country	29 Zip: 32210 / 30 Country: DUVAL

4. FEI Number: 59-3319622 ☐ Applied For ☐ Not Applicable

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
BATTS, THOMAS DR 6710 COLLINS RD #2211 JACKSONVILLE FL 32244	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL / 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BATTS, THOMAS DR 6710 COLLINS RD #2211 JACKSONVILLE FL 32210	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DP BATTS, THOMAS, DR 5150 ACRE ESTATES DRIVE JACKSONVILLE, FL ~~32244~~ 32210	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WAGES, GARY 6710 COLLINS RD #2303 JACKSONVILLE FL 32244	☑ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DV HUBERT WAGES 1005 MANTES AVE JACKSONVILLE, FL. 32205	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SMITH, DUANE 7844 GREGORY DR N JACKSONVILLE FL 32210	☑ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	700001895527 -07/16/96--01168--035 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DRS GOODBREAD, JACOB 8027 JACQUES DR JACKSONVILLE FL 32210	☑ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	DELETE ~~4439 MELVIN CIRCLE WEST~~ ~~JACKSONVILLE, FL. 32210~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST BATTS, LYNDA 6710 COLLINS RD #2211 JACKSONVILLE FL 32210	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	DV BATTS, LYNDA ~~6710 COLLINS RD #2211~~ 5150 ACRE ESTATES DRIVE JACKSONVILLE, FL. ~~32244~~ 32210	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	T JAMES NELSON 4449 MELVIN CIRCLE W. JACKSONVILLE, FL. 32210	☐ Change ☑ Addition

7-16-96

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ 1-24-96 904-777-3289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #