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Aug 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003042 (7)**

1. Corporation Name

SONLIGHT CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business 6710 COLLINS RD #2211 JACKSONVILLE FL 32244	Mailing Address 5150 ACRE ESTATES DR. JACKSONVILLE FL 32210-7899
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2. Principal Place of Business 21 10265 NORMANDY BLVD.		2a. Mailing Address 26 10265 NORMANDY BLVD.		3. Date Incorporated or Qualified 06/23/1995	3a. Date of Last Report 07/16/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3319622	Applied For <input type="checkbox"/> Not Applicable
City & State 23 JACKSONVILLE, FL. 32221		City & State 28 JAX. FL. 32221		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25 DUVAL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30 DUVAL		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BATTS, THOMAS DR 6710 COLLINS RD #2211 JACKSONVILLE FL 32244				10. Name and Address of New Registered Agent	
				81 Name LONG, VIRGIL	
				82 Street Address (P.O. Box Number is Not Acceptable) 8985 NORMANDY BLVD.	
				83 LOT 51	
				84 City JACKSONVILLE, FL	85 Zip Code 32221

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 **VIRGIL LONG** DATE **8/20/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	DP	BATTS, THOMAS DR	5150 ACRE ESTATES DR. JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P/D	LONG, VIRGIL	8985 NORMANDY BLVD. LOT 51 JACKSONVILLE, FL. 32221
	DV	WAGES, HUBERT	1005 MANTES AVE. JACKSONVILLE FL 32205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	V/D	LONG, MOLLY	8985 NORMANDY BLVD. LOT 51 JACKSONVILLE, FL. 32221
	DV	BATTS, LYNDIA	5150 ACRE ESTATE DR. JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S	ROGERS, JAY 111	7061 OLD KINGS RD. S. APT. 274 JACKSONVILLE, FL. 32217
	T	NELSON, JAMES	4447 MELVIN CIRCLE W JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T/D	NELSON, JAMES	4447 MELVIN CIR W. JACKSONVILLE, FL. 32210
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D	WAGES, HUBERT	10005 MANTES RD. JACKSONVILLE, FL. 32205
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D.	WALKER, CLANENCE	6400 PARK ST. JACKSONVILLE, FL. 32205

14. I do 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.

SIGNATURE **JAMES L. NELSON** DATE **8/20/97**

CR2E037 (9/96)