

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

10265 NORMANDY BLVD
JACKSONVILLE FL 32221
US

10265 NORMANDY BLVD
JACKSONVILLE FL 32221
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LONG, VIRGIL
8985 NORMANDY BLVD
LOT 51
JACKSONVILLE FL 32221

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
JAMES E. NELSON
4447 MELVIN CIR W.
JACKSONVILLE, FL. 32210
JACKSONVILLE, FL 32210

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 JAMES E. NELSON

10/26/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LONG, VIRGIL
STREET ADDRESS 8985 NORMANDY BLVD LOT 51
CITY-ST-ZIP JACKSONVILLE FL
DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PDT
NELSON, JAMES
4447 MELVIN CIR W. JAX, FL. 32210
Change Addition

TITLE VD
NAME LONG, MOLLY
STREET ADDRESS 8985 NORMANDY BLVD LOT 51
CITY-ST-ZIP JACKSONVILLE FL
DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
V/D
WALKER, CLARENCE
6400 PARK ST. JAX, FL. 32205
Change Addition

TITLE S
NAME ROGERS, JAY I
STREET ADDRESS 7061 OLD KINGS RD S APT 274
CITY-ST-ZIP JACKSONVILLE FL
DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D/S
GILKERSON, JANET
11120 CHAFFEE TERRACE
JACKSONVILLE, FL. 32221
Change Addition

TITLE TD
NAME NELSON, JAMES
STREET ADDRESS 4447 MELVIN CIRCLE W
CITY-ST-ZIP JACKSONVILLE FL
DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change Addition

TITLE D
NAME WAGES, HUBERT
STREET ADDRESS 10005 MANTES RD
CITY-ST-ZIP JACKSONVILLE FL
DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
0000002678710-1
-11/03/98-01030-003
****245.00 ****245.00
Change Addition

TITLE D
NAME WALKER, CLARENCE
STREET ADDRESS 6400 PARK ST
CITY-ST-ZIP JACKSONVILLE FL
DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition

14. 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.

SIGNATURE:

JAMES E. NELSON

SIGNATURE: RECD. 12/26/98 2043845195

FILED

98 OCT 30 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (10/97)