

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003042

1. Entity Name

SONLIGHT CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

4447 MELVIN CIR W  
JACKSONVILLE FL 32210  
US

Mailing Address

4447 MELVIN CIR W  
JACKSONVILLE FL 32210  
US

2. Principal Place of Business

6400 Park ST.

3. Mailing Address

6400 Park ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville Fla.

City & State

Jacksonville Fla.

Zip

32205

Country

DUVAL

Zip

32205

Country

DUVAL

4. FEI Number

59-3319622

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, JAMES E  
4447 MELVIN CIR. W.  
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name  
WALKER, Clarence  
Street Address (P.O. Box Number is Not Acceptable)

6400 Park ST

City JACKSONVILLE

FL

Zip Code 32205

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.

SIGNATURE Clarence Walker, P.T.D.C.  
Signature, typed or printed name of registered agent and title if applicable.

Clarence Walker  
(NOTE: Registered Agent signature required when reinstating)

4-22-01  
DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PDC  
NAME GOODBREAD, JACOB ☒ Delete  
STREET ADDRESS 21110 BELVEDERE AVE.  
CITY-ST-ZIP FERNANDIA BEACH FL 32034

TITLE VTD  
NAME NELSON, JAMES ☒ Delete  
STREET ADDRESS 4447 MELVIN CIR. W.  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE DS  
NAME WALKER, CLARENCE ☒ Delete  
STREET ADDRESS 6400 PARK ST.  
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE WALKER, Clarence, P.T.D.C. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6400 Park ST.  
CITY-ST-ZIP JACKSONVILLE, Fla. 32205

TITLE USD  
NAME WALKER, Tonya ☒ Change ☐ Addition  
STREET ADDRESS 8063 Cumberland Gap Trail N  
CITY-ST-ZIP JACKSONVILLE, Fla. 32244-4864

TITLE ☒ Change ☐ Addition  
NAME Duques, Gail  
STREET ADDRESS 3723 Pale Face place  
CITY-ST-ZIP JACKSONVILLE, Fla. 32210

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Corson, Thomas  
CITY-ST-ZIP 2703 La Antana Lakeside  
JACKSONVILLE, Fla. 32246

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Clarence Walker REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-01

Date

904-786-0829

Daytime Phone #

CR2E037 (10/00)

0011767

FILED  
Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90031 013 \*\*\*\*\*70.00



DO NOT WRITE IN THIS SPACE