

2001 UNIFORM BUSINESS REPORT (UBR)

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

0011767

DOCUMENT # N95000003042

1. Entity Name

SONLIGHT CHRISTIAN FELLOWSHIP, INC.

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

Principal Place of Business

4447 MELVIN CIR W
 JACKSONVILLE FL 32210
 US

Mailing Address

4447 MELVIN CIR W
 JACKSONVILLE FL 32210
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6400 Park St.
 Suite, Apt. #, etc.

3. Mailing Address

6400 Park St.
 Suite, Apt. #, etc.

City & State

Jacksonville Fla.

City & State

Jacksonville Fla.

4. FEI Number

59-3319622

Applied For

Not Applicable

Zip

32205

Country

DUVAL

Zip

32205

Country

DUVAL

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. Clarence Walker 4-22-01
 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**

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 NAME STREET ADDRESS CITY-ST-ZIP	PDC GOODBREAD, JACOB 21110 BELVEDERE AVE. FERNANDIA BEACH FL 32034	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD NELSON, JAMES 4447 MELVIN CIR. W. JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WALKER, CLARENCE 6400 PARK ST. JACKSONVILLE FL 32221	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALKER, Clarence, P.T.D.C. 6400 Park St. JACKSONVILLE, Fla. 32205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	USD WALKER, Tonya 8063 Cumberland Gap Trail N JACKSONVILLE, Fla. 32244-4864	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Quades, Gail 3723 Pale Face Place JACKSONVILLE, Fla. 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Corson, Thomas 2703 LaRitane Lakes Dr JACKSONVILLE, Fla. 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Clarence Walker **SIGNATURE REQUIRED** 4-22-01 904-786-0829
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)