

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003042

FILED
Mar 10, 2009
Secretary of State

Entity Name: SONLIGHT CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:

6400 PARK ST
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

6400 PARK ST
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 59-3319622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, CLARENCE
6400 PARK ST
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTDC () Delete
Name: WALKER, CLARENCE
Address: 6400 PARK ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: VSD () Delete
Name: WALKER, TONYA
Address: 8063 CUMBERLAND GAP TRAIL NORTH
City-St-Zip: JACKSONVILLE, FL 322444864

Title: D () Delete
Name: CHARLES, GAIL
Address: 3723 PALE FACE PLACE
City-St-Zip: JACKSONVILLE, FL 322100

Title: D () Delete
Name: CARSON, THOMAS
Address: 2703 LANTELLE LAKER DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: MYERS, MICHAEL E
Address: 508S GRISSHOLM ST
City-St-Zip: MACCLENNY, FL 32063

Title: D () Delete
Name: MYERS, TEALA
Address: 508S GRESSHOLM ST
City-St-Zip: MACCLENNY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARENCE WALKER

PRS

03/10/2009

Electronic Signature of Signing Officer or Director

Date