2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500003042

1. Entity Name

SONLIGHT CHRISTIAN FELLOWSHIP, INC.



FILED Jan 07, 2003 8:00 am Secretary of State 01-07-2003 90015 036 ****66.25

S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent VALKER, CLARENCE 6400 PARK ST JACKSONVILLE FL 32205 City FL City City FL City FL City FL City FL City FL City FL City City FL City FL City City FL City FL City City FL City					We WE I		<u> </u>				
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & City	6400 PARK ST JACKSONVILLE		6400 PA JACKSO	irk st			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			. 1141. 11 44. 144	18 1186 1886
City & State City & State City & State Country Country Country S. Cortificate of Stanue Desired Name Stanue Address of New Registered Agent Stanue Address of New Registered Agent S. Cortificate of Stanue Desired Stanue Address of New Registered Agent Stanue Address of New Reg	2. Principal Pla	ace of Business	3. Mailir	ng Address							
Zip Country Zip Country S. Certificate of Status Desired S. S. Additional For Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Street Address (P.O. Rox Number is Not Acceptable) City FL Zip Code B. The above names entity submits this statement for the purcose of changing its registered agent, or both, in the State of Florida	Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
Zip Country Zip Country Sip Country Sip Signature Status Desired Signature S	City & State	<u> </u>	Citv	& State			4. FEI Number 50	3319622		Ap	olied For
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Sireat Address of New Registered Agent Sireat Address (P.O. Box Number is Not Acceptable) City FL Zip Cocc City FL Zip Cocc City FL Zip Cocc City FL Zip Cocc City FL Name Make Check Payable to Plorida Department of the purpose of changing its registered agent, or both, in the State of Florids - ann familiar wife, and acceptable of registered agent, or both, in the State of Florids - ann familiar wife, and acceptable of registered agent, or both, in the State of Florids - ann familiar wife, and acceptable of registered agent, or both, in the State of Florids - ann familiar wife, and acceptable of registered agent, or both, in the State of Florids - ann familiar wife, and acceptable of registered agent, or both, in the State of Florids - ann familiar wife, and acceptable of registered agent, or both, in the State of Florids - ann familiar wife, and acceptable of registered agent, or both, in the State of Florids - ann familiar wife, and acceptable of registered agent, or both, in the State of Florids - ann familiar wife, and acceptable of registered agent, or both, in the State of Florids - ann familiar wife, and acceptable of registered agent, or both, in the State of Florids - ann familiar wife, and acceptable of Florids - ann fami	Only a ondio						00				Applicable
WALKER, CLARENCE BACOP PARK ST JACKSONVILLE FL 32205 B. 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. I am familiar with, and acceptance of registered agent. FILE NOW: FEE IS \$61.25 PILE N	Zip	Country	Zip		Country		5. Certificate of Stat	us Desired			
WALKER, CLARENCE 6400 PARK ST JACKSONVILLE FL 32205 City FL Zip Code		6. Name and Address of Current	Registered	l Agent			7. Name and Addre	ss of New Rec	gistered Ag	ent	
B. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and active collections of registered agent. Signature	6400 PAR	K ST	÷			lress ((P.O. Box Number is No	t Acceptable)			
SIGNATURE IN FILE NOW: FEE IS \$61.25 IN FILE NOW: FEE IS \$61.25 IN OFFICERS AND DIRECTORS IT THE NAME STREET ADDRESS OTTY-ST-2P ITTLE NAME STREET ADDRESS OTTY-ST-2P ITTLE NAME CHARLES, GAIL STREET ADDRESS OTTY-ST-2P ITTLE NAME STREET ADDRESS STREET ADDRESS OTTY-ST-2P ITTLE NAME STREET ADDRESS STREET ADDRES					City				FL	Zip Code	•
LE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE NAME STRET ADDRESS CITY-51-2IP VSD WALKER, CLARENCE 6400 PARK ST JACKSONVILLE FL 32205 CITY-51-2IP NAME STRET ADDRESS CITY-51-2IP CHange ANA STRET ADDRESS CITY-51-2IP CHange ANA STRET ADDRESS CITY-51-2IP CHANGE STRET ADDRESS CITY-51-2IP CHANGE STRET ADDRESS CITY-51-2IP TITLE Delete TITLE NAME STRET ADDRESS CITY-51-2IP TITLE Delete TITLE NAME STRET ADDRESS CITY-51-2IP TITLE Delete TITLE NAME STRET ADDRESS CITY-51-2IP TITLE Delete TITLE NAME STRET ADDRESS CITY-51-2IP TITLE Delete TITLE NAME STRET ADDRESS CITY-51-2IP TITLE STRET ADDRESS CITY-51-2IP TITLE Delete TITLE NAME STRET ADDRESS CITY-51-2IP TITLE Delete TITLE NAME STRET ADDRESS STRET ADDRESS CITY-51-2IP TITLE TITLE STRET ADDRESS CITY-51-2IP TITLE TITLE STRET ADDRESS CITY-51-2IP TITLE TITL	the obligation	named entity submits this statement fons of registered agent.	or the purpo	ese of changing its	registered office or re	egiste	red agent, or both, in th	e State of Flori	da. I am fai	miliar with,	and accept
Trust Fund Contribution. Added to Fees	SIGNATURE _	Signature, typed or printed name of registered agen	t and title if appli	cable. (NOTE	E: Registered Agent signature	require	d when reinstating)		DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADD	₫ F	FILE NOW: FEE IS \$61.25			npaign Financing Contribution.	_	Added to Fees	Florida	a Departr	nent of S	State
WALKER, CLARENCE STREET ADDRESS CITY-ST-ZIP WALKER, TONYA SOB Delete MAME WALKER, TONYA SOB CUMBERLAND GAP TRAIL NORTH JACKSONVILLE FL 32245 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE CHARLES, GAIL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADD	10.		IRECTORS		11.		ADDITIONS/CHANGE	S TO OFFICER	_		
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CHARLES, GAIL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STR	NAME STREET ADDRESS	WALKER, CLARENCE 6400 PARK ST		☐ Delete	NAME STREET ADDRESS					□ Change	☐ Addition
TITLE NAME CHARLES, GAIL STREET ADDRESS CITY-ST-ZIP TITLE NAME CARSON, THOMAS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS	VSD Walker, Tonya 8063 Cumberland gap traii		☐ Delete	NAME STREET ADDRESS		*			□ Change	Addition
TITLE NAME CARSON, THOMAS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	D CHARLES, GAIL 3723 PALE FACE PLACE		☐ Delete	NAME STREET ADDRESS		,		•	Change	Addition
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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:

904.786.0829