

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000008667

**Entity Name:** THE CANDICE COLEMAN RAY OF LIGHT FOUNDATION, INC.

**Current Principal Place of Business:**

4274 HERSCHEL STREET  
STE. 200  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

1573 HOPE VALLEY DRIVE  
JACKSONVILLE, FL 32221 US

**FEI Number: 93-2450436**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CAMPBELL, DIONYSIA R  
1573 HOPE VALLEY DRIVE  
JACKSONVILLE, FL 32221 US

*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

**Officer/Director Detail :**

Title P  
Name CAMPBELL, DIONYSIA R  
Address 1573 HOPE VALLEY DRIVE  
City-State-Zip: JACKSONVILLE, FL 32221

Title VP  
Name RICHARDSON, TRACY  
Address 3913 ROSE OF SHARON DRIVE  
City-State-Zip: ORLANDO FL 32808

Title PASTOR  
Name CAMPBELL, PATRICK SCOTT  
Address 1573 HOPE VALLEY DRIVE  
City-State-Zip: JACKSONVILLE FL 32221

*I hereby 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 all other like empowered.*

**SIGNATURE: DIONYSIA CAMPBELL**

**PRESIDENT**

**04/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date