

5/27

**FILED**  
**Jul 04, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90433 041 \*\*\*\*70.00

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

DOCUMENT # N010000006749

1. Entity Name

Shinning Light Foundation ✓

96411

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

324 Lake Mamie Rd

3. Mailing Address

324 Lake Mamie Rd

DO NOT WRITE IN THIS SPACE

City &amp; State

DeLand FL

City &amp; State

DeLand FL

4. FEI Number

59-3742559

Applied For

Not Applicable

Zip

32724

Country

Volusia

Zip

32724

Country

Volusia

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Donna Carter

Street Address (P.O. Box Number is Not Acceptable)

324 Lake Mamie Rd

City

DeLand

FL

Zip Code

32724

DO NOT WRITE  
IN THIS SPACE

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

Signature, typed or printed name of registered agent and UBR if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25  
Initial or Amended UBR9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> CHAIRMAN DONNA CARTER 324 Lake Mamie Rd DeLand FL 32724
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> TREASURER ELIZABETH CARTER 4150 Marsh Rd DeLand FL 32724
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> SECRETARY Kelly Brownell 929 Hunters Creek Apt 204 DeLand FL 32725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>OFFICER</del>
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DO NOT WRITE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna Carter DONNA CARTER

(386) 785-0062  
 4/22/02 (386) 717-9241  
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)