

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006749

**FILED**  
**Aug 04, 2004**  
**Secretary of State****Entity Name:** SHINNING LIGHT FOUNDATION INC.**Current Principal Place of Business:**324 LAKE MAMIE RD  
DELAND, FL 32724**New Principal Place of Business:****Current Mailing Address:**324 LAKE MAMIE RD  
DELAND, FL 32724**New Mailing Address:****FEI Number:** 59-3742559**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CARTER, DONNA G  
324 LAKE MAMIE RD  
DELAND, FL 32724**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: D ( ) Delete  
Name: CARTER, DONNA  
Address: 324 LAKE MAMIE RD  
City-St-Zip: DELAND, FL 32724

Title: T ( ) Delete  
Name: CARTER, ELIZABETH  
Address: 4150 MARSH RD  
City-St-Zip: DELAND, FL 32724

Title: T/S ( ) Delete  
Name: BROWNELL, KELLY  
Address: 924 HUNTERS CREEK APT 204  
City-St-Zip: DELTONA, FL 32725

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: T/S ( ) Change (X) Addition  
Name: HALL, CANDICE  
Address: 324 LAKE MAMIE RD  
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONNA CARTER

D

08/04/2004

Electronic Signature of Signing Officer or Director

Date