

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000006749

FILED
Nov 30, 2005
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 (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARTER, DONNA G
324 LAKE MAMIE RD
DELAND, FL 32724 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: DONNA GAIL CARTER

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CARTER, DONNA GAIL
Address: 324 LAKE MAMIE RD
City-St-Zip: DELAND, FL 32724 VO

Title: T (X) Change () Addition
Name: CARTER, ELIZABETH MARY
Address: 4150 MARSH RD
City-St-Zip: DELAND, FL 32724 VO

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

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

Title: B () Change (X) Addition
Name: HALL, CALEB LAMAR
Address: 324 LAKE MAMIE RD
City-St-Zip: DELAND, FL 32724 VO

Title: B () Change (X) Addition
Name: WATTS, JASPER LAMAR
Address: 7345 PIMCERLINE WAY
City-St-Zip: STONE MOUNTAIN, GA 30087 VO

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 GAIL CARTER

D

11/30/2005

Electronic Signature of Signing Officer or Director

Date