# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 01, 2003**
**Secretary of State**

DOCUMENT# N01000006749

**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 | |

**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: | |

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 DIR 05/01/2003

Electronic Signature of Signing Officer or Director — Date