

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90022 048 ****61.25

DOCUMENT # N07000003478					
1. Entity Name SHINING LIGHT OF ALACHUA COUNTY SHERIFF, INC.					
Principal Place of Business 2621 SE HAWTHORNE ROAD GAINESVILLE, FL 32641			Mailing Address 2621 SE HAWTHORNE ROAD GAINESVILLE, FL 32641		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-8814936	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, RORY W 6512 N.W. 29TH STREET GAINESVILLE, FL 32653-1442			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOWELL, PATRICIA 5328 NW 38TH PLACE GAINESVILLE, FL 32606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, RORY 6512 NW 29TH STREET GAINESVILLE, FL 32653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAUSS, CORA S 16515 NE 124TH AVENUE WALDO, FL 32694		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Simmons, Joyce - 299 Redwater Lake Road Hawthorne FL 32640	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSEN, SARA 2625 SW 75TH STREET #1324 GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, ALEX 6815 SW 23RD AVENUE GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Yaeger, Tracy 1505 Fort Calrke Blvd #5-203 Gainesville FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, KIMBERLY 1505 FORT CLARKE BLVD. #11103 GAINESVILLE, FL 32607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Klement, Michelle 15948 NW 206th Drive High Springs FL 32643	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Patricia Stowell <i>Patricia Stowell</i>			March 24, 2008		352-367-4056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #