

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003478

FILED
Jun 29, 2009
Secretary of State

Entity Name: SHINING LIGHT OF ALACHUA COUNTY SHERIFF, INC.

Current Principal Place of Business:

2621 SE HAWTHORNE ROAD
GAINESVILLE, FL 32641

New Principal Place of Business:

Current Mailing Address:

2621 SE HAWTHORNE ROAD
GAINESVILLE, FL 32641

New Mailing Address:

FEI Number: 20-8814936 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

JONES, RORY W
6512 N.W. 29TH STREET
GAINESVILLE, FL 326531442 US

Name and Address of New Registered Agent:

JONES, RORY W
6512 N.W. 29TH STREET
GAINESVILLE, FL 32653 US

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: _____

06/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STOWELL, PATRICIA
Address: 5328 NW 38TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: JONES, RORY
Address: 6512 NW 29TH STREET
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: SIMMONS, JOYCE
Address: 299 REDWATER LAKE ROAD
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: LARSEN, SARA
Address: 2625 SW 75TH STREET #1324
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: TAEGER, TRACY
Address: 1505 FORT CALRKE BLVD #5-203
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: KLEMENT, MICHELLE
Address: 15948 NW 206TH DRIVE
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: YAEGER, TRACEY
Address: 1505 FT CLARKE BLVD #5-203
City-St-Zip: GAINESVILLE, FL 32606

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: D (X) Change () Addition
Name: ESTES, LYNDIA
Address: 7141 NW 180TH STREET
City-St-Zip: STARKE, FL 32091

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TRACEY YAEGER

D

06/29/2009

Electronic Signature of Signing Officer or Director

Date