

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000011723

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** SHINING LIGHT MINISTRY OF BONIFAY, INC.

**Current Principal Place of Business:**

1008 S WAUKESHA STREET  
BONIFAY, FL 32425

**New Principal Place of Business:**

**Current Mailing Address:**

1008 S WAUKESHA STREET  
BONIFAY, FL 32425

**New Mailing Address:**

**FEI Number:** 45-4123536

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOWELL, TERRY  
1008 S WAUKESHA STREET  
BONIFAY, FL 32425 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HOWELL, TERRY  
Address: 1008 S WAUKESHA STREET  
City-St-Zip: BONIFAY, FL 32425

Title: VP  
Name: BUTLER, SHIRLEY  
Address: 311 W BROCK AVE  
City-St-Zip: BONIFAY, FL 32425

Title: SEC  
Name: YORK, KATHY  
Address: 1007 SCENIC HILL CIRCLE DRIVE  
City-St-Zip: BONIFAY, FL 32425

Title: TRES  
Name: JOHNSON, KACI  
Address: 2000 MERCHANTS ROW BLVD APT 217  
City-St-Zip: TALLAHASSEE, FL 32311

I hereby 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 all other like empowered.

SIGNATURE: TERRY HOWELL

PRES

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date