FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:05

DOCUMENT # N21210 (2)

1. Corporation Name
SOURCE OF LIGHT AND HOPE DEVELOPMENT CENTER, INC

Principal Place of Business	Mailing Address
C/O RICHARD A. SAPP 3275 SOUTH STREET FT. MYERS FL 33916-5719	C/O RICHARD A. SAPP 3275 SOUTH STREET FT. MYERS FL 33916-5719

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1987
3a. Date of Last Report: 03/08/1994
4. FEI Number: 65-0013240 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 3901 Dr. MLK, Jr. Blvd.
Suite, Apt. #, etc. 22
City & State 23 Ft. Myers, FL
Zip 24 33916 County 25 Lee

2a. Mailing Address
26 P.O. Box 1892
Suite, Apt. #, etc. 27
City & State 28 Ft. Myers, FL
Zip 29 33902 County 30 Lee

9. Name and Address of Current Registered Agent

SAPP, RICHARD A.
3275 SOUTH STREET
FT. MYERS FL 33916-5719

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	YOUNG, MATTIE	12 NAME	
STREET ADDRESS	15140 LOCKWOOD STREET	13 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, ANNIE RUTH	22 NAME	
STREET ADDRESS	2147 DAVIS STREET	23 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	ATKINS, BARBARA	32 NAME	
STREET ADDRESS	1535 LIVE OAK DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	34 CITY-ST-ZIP	
TITLE	MD	41 TITLE	☐ Change ☐ Addition
NAME	SHOEMAKER, VERONICA S.	42 NAME	
STREET ADDRESS	MARTIN LUTHER KING JR BV	43 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CURRY, LUCEAL	52 NAME	
STREET ADDRESS	2997 EDISON AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BOBO, ROBERT	62 NAME	
STREET ADDRESS	6474 ROYAL WOOD DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	64 CITY-ST-ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mattie S. Young, President — 5/27/95
Richard A. Sapp, Director — 5/4/95 — (813)334-3739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050832