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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21210**

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

Principal Place of Business	Mailing Address
3901 DR MLK JR BLVD FT MYERS FL 33916 US	P O BOX 1892 FT MYERS FL 33902 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
06/18/1987

4. FEI Number
65-0013240
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 617.0502 and 617.1508, 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 617.0503, 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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, MATTIE		1.2 NAME		
STREET ADDRESS	15140 LOCKWOOD STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33916		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, TERESA		2.2 NAME		
STREET ADDRESS	1507 BROOKHILL DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33916		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ATKINS, BARBARA		3.2 NAME		
STREET ADDRESS	1535 LIVE OAK DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHOEMAKER, VERONICA S.		4.2 NAME		
STREET ADDRESS	MARTIN LUTHER KING JR BV		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CURRY, LUCEAL		5.2 NAME		
STREET ADDRESS	2997 EDISON AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BOBO, ROBERT		6.2 NAME		
STREET ADDRESS	6474 ROYAL WOOD DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Veronica S. Shoemaker SIGNATURE REQUIRED 4-15-99 941-334-3739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)