

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90083 010 ****61.25

DOCUMENT # N21210

1. Entity Name

SOURCE OF LIGHT AND HOPE DEVELOPMENT CENTER, INC

Principal Place of Business

**3901 DR MLK JR BLVD
 FT MYERS FL 33916
 US**

Mailing Address

**P O BOX 1892
 FT MYERS FL 33902
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0013240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, MATTIE 15140 LOCKWOOD STREET FT. MYERS FL 33916	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, TERESA 1507 BROOKHILL DR FT. MYERS FL 33916	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ATKINS, BARBARA 1535 LIVE OAK DRIVE FT. MYERS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SHOEMAKER, VERONICA S. MARTIN LUTHER KING JR BV FT. MYERS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURRY, LUCEAL 2997 EDISON AVENUE FORT MYERS FL 33916	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COOK, BARBARA 1525 HIGH STREET FORT MYERS FL 33916	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Cochran, James D. 6474 Royal Wood Dr. Ft. Myers, FL 33908	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Brown, Teresa 1507 Brookhill Dr. Ft. Myers, FL 33916	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kennix, Roy 2774 First St. Ft. Myers, FL 33916	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Shoemaker, Veronica S. 3510 Dr. Martin Luther King Jr. Blvd. Ft. Myers, FL 33916	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gibbons, John 312 W. 14th St. Lehigh Acres, FL 33936	☐ Change ☒ Addition

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-01 941-334-3739

CR2E037 (10/00)