

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90053 019 *****61.25

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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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **YOUNG, MATTIE**
STREET ADDRESS **15140 LOCKWOOD STREET**
CITY-ST-ZIP **FT. MYERS FL 33916**

TITLE **P** ☐ Change ☒ Addition
NAME **John Gibbons**
STREET ADDRESS **312 West 14th St.**
CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE **D** ☐ Delete
NAME **BROWN, TERESA**
STREET ADDRESS **1507 BROOKHILL DR**
CITY-ST-ZIP **FT. MYERS FL 33916**

TITLE **D** ☐ Change ☒ Addition
NAME **Roy Kennix**
STREET ADDRESS **2774 First St.**
CITY-ST-ZIP **Ft. Myers, FL 33916**

TITLE **TD** ☐ Delete
NAME **ATKINS, BARBARA**
STREET ADDRESS **1535 LIVE OAK DRIVE**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Darryl Clare**
STREET ADDRESS **1832 Hancock Bridge Pkwy.**
CITY-ST-ZIP **Cape Coral, FL 33909**

TITLE **VP** ☐ Delete
NAME **SHOEMAKER, VERONICA S.**
STREET ADDRESS **3510 DR. MARTIN LUTHER KING JR BLVD**
CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE **D** ☐ Change ☒ Addition
NAME **de'Havilland Hill**
STREET ADDRESS **408 S.E. 38th Terrace**
CITY-ST-ZIP **Cape Coral, FL**

TITLE **D** ☐ Delete
NAME **COCHRAN, JAMES D**
STREET ADDRESS **6474 ROYAL WOOD DR**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **D** ☐ Change ☒ Addition
NAME **James E. Green**
STREET ADDRESS **P.O. Box 91**
CITY-ST-ZIP **Ft. Myers, FL 33902**

TITLE **ST** ☐ Delete
NAME **COOK, BARBARA**
STREET ADDRESS **1525 HIGH STREET**
CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE **T** ☒ Change ☐ Addition
NAME **Cook, Barbara**
STREET ADDRESS **1525 High Street**
CITY-ST-ZIP **Ft. Myers, FL 33916**

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: *Veronica Shoemaker*
Veronica Shoemaker, Vice President

03/19/02

941-334-3739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)