

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90051 016 \*\*\*\*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**

**50010392**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-0013240**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida 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 **Gibbons, John**  
STREET ADDRESS **P.O. Box 1298**  
CITY-ST-ZIP **Lehigh Acres, FL 33970**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 S. Shoemaker**  
*Veronica S. Shoemaker*

02/01/05

239-334-3739

Date

Daytime Phone #