

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21210

FILED
Mar 27, 2008
Secretary of State

Entity Name: SOURCE OF LIGHT AND HOPE DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

3901 DR MLK JR BLVD
FT MYERS, FL 33916 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1892
FT MYERS, FL 33902 US

New Mailing Address:

FEI Number: 65-0013240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAPP, RICHARD A.
3275 SOUTH STREET
FT. MYERS, FL 339165719 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: YOUNG, MATTIE,
Address: 1540 LOCKWOOD STREET
City-St-Zip: FT. MYERS, FL 33916

Title: D () Delete
Name: BROWN, TERESA
Address: 1507 BROOKHILL DR
City-St-Zip: FT. MYERS, FL 33916

Title: TD () Delete
Name: ATKINS, BARBARA,
Address: 1535 LIVE OAK DRIVE
City-St-Zip: FT. MYERS, FL

Title: VP () Delete
Name: SHOEMAKER, VERONICA, S.
Address: 3510 DR. MARTIN LUTHER KING JR BLVD
City-St-Zip: FORT MYERS, FL 33916

Title: P () Delete
Name: GIBBONS, JOHN
Address: P.O. BOX 1298
City-St-Zip: LEHIGH ACRES, FL 33970

Title: S () Delete
Name: COOK, BARBARA
Address: 1525 HIGH STREET
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA ATKINS

T

03/27/2008

Electronic Signature of Signing Officer or Director

Date