

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23313

1. Entity Name

SONLIGHT COMMUNITY CHURCH, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90168 021 \*\*\*\*61.25

Principal Place of Business	Mailing Address
SONLIGHT COMMUNITY CHURCH, INC. 5078 CANAL DR LAKE WORTH FL 33463 US	SONLIGHT COMMUNITY CHURCH, INC. 5078 CANAL DR LAKE WORTH FL 24551-1025 US

2. Principal Place of Business	3. Mailing Address
SONLIGHT COMMUNITY CHURCH	SONLIGHT COMMUNITY CHURCH

Suite, Apt. #, etc.	Suite, Apt. #, etc.
4868 CANAL DRIVE	4868 CANAL DRIVE

City & State	City & State
LAKE WORTH, FL 33463	LAKE WORTH, FL 33463

Zip	Country	Zip	Country
33463	PALE BEACH	33463	PALE BEACH

6. Name and Address of Current Registered Agent

DAVIDSON, DONALD  
5078 CANAL DRIVE  
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name	BILL DAVIDSON
Street Address (P.O. Box Number is Not Acceptable)	4868 CANAL DRIVE
City	LAKE WORTH
FL	Zip Code 33463

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 *Bill Davidson* BILL (WILLIAM) DAVIDSON VD APRIL 18, 2000  
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	PD	<input type="checkbox"/> Delete
NAME	DAVIDSON, DONALD	
STREET ADDRESS	1701 S.W. 6TH AVE.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DAVIDSON, GAIL	
STREET ADDRESS	5078 CANAL DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIDSON, WILLIAM	
STREET ADDRESS	4868 CANAL DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, DONALD	
STREET ADDRESS	109 QUAIL RIDGE DRIVE	
CITY-ST-ZIP	FOREST, VA, 24551	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, GAIL	
STREET ADDRESS	109 QUAIL RIDGE DRIVE	
CITY-ST-ZIP	FOREST, VA 24551	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTY-LYNN MORGAN	
STREET ADDRESS	5348 BUCHANAN ROAD	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Bill Davidson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 (804) 334-8071  
Date Daytime Phone #

CR2E037 (9/99)