

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90992 038 \*\*\*\*61.25

**DOCUMENT #** N23313

**1. Entity Name**

**SONLIGHT COMMUNITY CHURCH, INC.**

**Principal Place of Business**

**5078 Canal Drive  
 Lake Worth, FL 33463**

**Mailing Address**

**4868 Canal Drive  
 Lake Worth, FL 33463**

**2. Principal Place of Business**

**4868 Canal Drive**

Suite, Apt. #, etc.

**3. Mailing Address**

**4868 Canal Drive**

Suite, Apt. #, etc.

**City & State**

**Lake Worth, FL**

**City & State**

**Lake Worth, FL**

**Zip**

**33463**

**Country**

**USA**

**Zip**

**33463**

**Country**

**USA**

**4. FEI Number**

**65-0016101**

**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**

**WILLIAM C DAVIDSON  
 4868 Canal Drive  
 Lake Worth, FL 33463**

**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** D VP ☐ Delete  
**NAME** WILLIAM C DAVIDSON  
**STREET ADDRESS** 4868 Canal Drive  
**CITY-ST-ZIP** Lake Worth, FL 33463

**TITLE** D P ☐ Delete  
**NAME** DAVIDSON, DONALD  
**STREET ADDRESS** 109 Quail Ridge Dr.  
**CITY-ST-ZIP** Forest, VA 24551

**TITLE** D S/T ☐ Delete  
**NAME** DAVIDSON, GAIL V  
**STREET ADDRESS** 109 Quail Ridge Dr.  
**CITY-ST-ZIP** Forest, VA 24551

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**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:** *William Davidson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25,01 (561) 434-2548**

Date

Daytime Phone #

CR2E037 (11/00)