


210148 D-1018-C
FILE NOW: FILING FEE IS \$61.25

FILED
Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40500 (3)
 1. Corporation Name
SUNLIGHT COMMUNITY CHURCH OF PORT ST. LUCIE, INC



Principal Place of Business % JAMES A. VANDER SLIK 477 CASHMERE BLVD PORT ST. LUCIE FL 34963 US	Mailing Address % JAMES A. VANDER SLIK 477 CASHMERE BLVD PORT ST. LUCIE FL 34963 US
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3. Date Incorporated or Qualified
10/02/1990

4. FEI Number 65-0074763	Applied For Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 29	Country 30

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**VANDER SLIK, JAMES A.
 -428 SUNNYDALE LANE --- 281 Kingfisher Ave.
 -PORT ST. LUCIE FL 34983- - Ft. Pierce, FL
 34982**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURRELL, LACRETIA A	1.2 NAME	
STREET ADDRESS	2318 FERN CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENSON, BARBARA	2.2 NAME	
STREET ADDRESS	561 S.E. CALMOSO DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURRELL, WILLIAM L	3.2 NAME	
STREET ADDRESS	2318 SW FERN CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWHOUSE, JOHN	4.2 NAME	
STREET ADDRESS	3258 S.E. RIVER VISTA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL ESPADA	5.2 NAME	
STREET ADDRESS	381 S.W. EASTPORT CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James A. Vander Slik* **REED** 1-20-98 561 879-6326

CR2E037 (10/97)