


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

04-30-2004 90249 045 ****61.25

DOCUMENT # N40500

1. Entity Name
SUNLIGHT COMMUNITY CHURCH OF PORT ST. LUCIE, INC.



Principal Place of Business
% JAMES A. VANDER SLIK
477 CASHMERE BLVD
PORT SAINT LUCIE, FL 34986 US

Mailing Address
% JAMES A. VANDER SLIK
477 CASHMERE BLVD
PORT SAINT LUCIE, FL 34986 US

66427374



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01272004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
65-0074763

Applied For
 Not Applicable

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

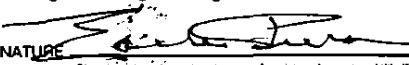
6. Name and Address of Current Registered Agent
VANDER SLIK, JAMES A.
5411 N.W. ARROWHEAD TERR.
PORT SAINT LUCIE, FL 34986

7. Name and Address of New Registered Agent
 Name
EARLE PEERS

Street Address (P.O. Box Number is Not Acceptable)
1515 S.W. MOCKINGBIRD CIRCLE

City
PORT ST. LUCIE FL Zip Code
34986

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  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

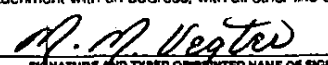
10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PLOSONA, RAYMOND	
STREET ADDRESS	988 SW ABINGTON AVE.	
CITY-ST-ZIP	PORT ST LUCIE, FL 34953	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, DONALD	
STREET ADDRESS	5404 N.W. EMBLEM ST.	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAMBERY, THOMAS	
STREET ADDRESS	1798 S.E. CASCELLA CT.	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EARLE PEERS	
STREET ADDRESS	1515 S.W. MOCKINGBIRD CIRCLE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARVEYBELLE SEATON	
STREET ADDRESS	4396 BIG HORN AVE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARILYNN VEGTER	
STREET ADDRESS	P.O. BOX 7395	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34985	
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		
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:  - M.M. VEGTER Date: **7-26-04** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR