

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90850 037 \*\*\*\*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 ST. LUCIE FL 34983**  
**US**

Mailing Address

**% JAMES A. VANDER SLIK**  
**477 CASHMERE BLVD**  
**PORT ST. LUCIE FL 34983**  
**US**

80002714



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0074763**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34986**

**34986**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VANDER SLIK, JAMES A.**  
**753 LANSLOWNE AVE**  
**PORT ST LUCIE FL 34983**

Name **JAMES A. VANDER SLIK**

Street Address (P.O. Box Number is Not Acceptable)

**5441 N.W. ARROWHEAD TERR.**

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

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T**  Delete  
NAME **LACRETIA, BURRELL**  
STREET ADDRESS **2318 SW FERN CIRCLE**  
CITY-ST-ZIP **PORT ST LUCIE FL 34953**

TREASURER  Change  Addition  
NAME **RAYMOND PROSKONKA**  
STREET ADDRESS **988 S.W. ABINGTON AVE**  
CITY-ST-ZIP **PORT ST. LUCIE, FL 34953**

TITLE **D**  Delete  
NAME **BROWN, WINSTON**  
STREET ADDRESS **1285 SW EMPIRE ST**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

DIRECTOR  Change  Addition  
NAME **DONALD WILSON**  
STREET ADDRESS **5404 N.W. EMBLEM ST.**  
CITY-ST-ZIP **PORT ST. LUCIE, FL 34983**

TITLE **D**  Delete  
NAME **BURRELL, WILLIAM L**  
STREET ADDRESS **2318 SW FERN CIRCLE**  
CITY-ST-ZIP **PORT ST LUCIE FL**

DIRECTOR  Change  Addition  
NAME **THOMAS CHAMBERY**  
STREET ADDRESS **1798 S.E. CASSELLA CT.**  
CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DIRECTOR  Change  Addition  
NAME **JOHN PLANK**  
STREET ADDRESS **1542 S.W. MOCKINGBIRD CI.**  
CITY-ST-ZIP **PORT ST. LUCIE, FL 34986**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
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: *James A. Vander Slik*

1-2-03 772-879-0336

CR2E037 (10/02)