

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N93000003631 (9)

1. Corporation Name

SHINING LIGHT SPIRITUAL CHURCH OF CHRIST, INC.



Principal Place of Business	Mailing Address
2175 NW 105 TERR MIAMI FL 33147	C/O VELVET REDDICK 2175 N.W. 105TH TER. MIAMI FL 33147

3. Date Incorporated or Qualified	08/11/1993
4. FEI Number	65-0432551
Applied For	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5410 N.W. 14th Ave.	26 2175 N.W. 105th Terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Miami Fla.	27
City & State	City & State
23 Fla.	28 Miami Fla.
Zip	Zip
24 33142	29 33147
Country	Country
25 Dade	30 Dade

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
REDDICK, VELVET 2175 NW 105 TERR MIAMI FL 33147	

10. Name and Address of New Registered Agent	
81 Name	Reddick, Velvet
82 Street Address (P.O. Box Number is Not Acceptable)	
83	2175 N.W. 105 Terr.
84 City	miami
85 Zip Code	FL 33147

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: *Reddick, Velvet* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	REDDICK, VELVET
STREET ADDRESS	2175 NW 105 TERR
CITY-ST-ZIP	MIAMI FL 33147
TITLE	SD <input type="checkbox"/> DELETE
NAME	JONES, BETTY
STREET ADDRESS	2135 NW 74 STREET
CITY-ST-ZIP	MIAMI FL 33147
TITLE	VD <input type="checkbox"/> DELETE
NAME	JONES, GERALDINE J
STREET ADDRESS	2476 NW 93 TERR
CITY-ST-ZIP	MIAMI FL 33147
TITLE	D <input type="checkbox"/> DELETE
NAME	GOLATT, WILLIE
STREET ADDRESS	311 NW 46 ST
CITY-ST-ZIP	MIAMI FL 33137
TITLE	D <input type="checkbox"/> DELETE
NAME	GIVENS, OLSEN
STREET ADDRESS	2170 GRANT AVE APT 1
CITY-ST-ZIP	MIAMI FL 33054
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(i), 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: *Betty Jones* JAN 25 1998 691-8754

CR2E037 (10/97)