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**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90062 002 \*\*\*\*70.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000003631**

1. Corporation Name

**SHINING LIGHT SPIRITUAL CHURCH OF CHRIST, INC.**

Principal Place of Business

 5410 N W 14TH AVE  
 MIAMI FL 33142  
 US

Mailing Address

 2175 NW 105 TERR  
 2175 N.W. 105TH TER.  
 MIAMI FL 33174  
 US


2. Principal Place of Business 21 5410 N.W. 14th Ave Suite, Apt. #, etc.	2a. Mailing Address 26 2175 N.W. 105th Terrace Suite, Apt. #, etc.	3. Date Incorporated or Qualified 08/11/1993
22 City & State 23 Miami, FL	27 City & State 28 Miami, FL	4. FEI Number 65-0432551 Applied For <input type="checkbox"/> Not Applicable
24 Zip 33142	25 State FL	29 Zip 33147
30 State FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDDICK, VELVET	1.2 NAME	
STREET ADDRESS	2175 NW 105 TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, BETTY	2.2 NAME	
STREET ADDRESS	2135 NW 74 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, GERALDINE J	3.2 NAME	
STREET ADDRESS	2478 NW 93 TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLATT, WILLIE	4.2 NAME	
STREET ADDRESS	311 NW 46 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIVENS, OLSEN	5.2 NAME	
STREET ADDRESS	2170 GRANT AVE APT 1	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33054	5.4 CITY-ST-ZIP	
TITLE		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)(l), 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, with all other like empowered.

SIGNATURE: Elder, Stephen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

(305) 691-8754

Date

Daytime Phone #

CR2E037 (1/98)