

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-08-2002 90068 022 ****66.25

DOCUMENT # N93000003631

1. Entity Name

SHINING LIGHT SPIRITUAL CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

~~540 N.W. 105th Ave~~ **2175 N.W. 105th Terr.** 2175 N.W. 105TH TERRACE
 MIAMI FL 33147 MIAMI FL 33147
 US - **Miami FL 33147** -
Temporarily



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0432551**

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

REDDICK, VELVET
2175 NW 105 TERR
MIAMI FL 33147

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.

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
 NAME **REDDICK, VELVET**
 STREET ADDRESS **2175 NW 105 TERR**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE **SD** ☒ Delete
 NAME **JONES, BETTY**
 STREET ADDRESS **2135 NW 74 STREET**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE **VD** ☐ Delete
 NAME **JONES, GERALDINE J**
 STREET ADDRESS **2478 NW 93 TERR**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE **D** ☒ Delete
 NAME **GOLATT, WILLIE**
 STREET ADDRESS **311 NW 46 ST**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **SD**
 STREET ADDRESS **CANNON, SANDRA**
 CITY-ST-ZIP **5511 NW 12 CT MIAMI, FL 33142**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-02 305-691-8754
 Date Daytime Phone

CR2E037 (9/01)