

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001673 (2)

1. Corporation Name

SHINING LIGHT BIBLE CHURCH, INC.



Principal Place of Business

**501 N BENEVA RD
SUITE 600 & 604
SARASOTA FL 34232
US**

Mailing Address

**P O BOX 7865
SARASOTA FL 34278
US**

3. Date Incorporated or Qualified
04/01/1994

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0479904

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SCHLABACH, STEPHEN A
3019 WILLOW GREEN
SARASOTA FL 34235**

10. Name and Address of New Registered Agent

81 Name **SCHLABACH, STEPHEN A**
82 Street Address (P.O. Box Number is Not Acceptable)
673 EASTPOINTE PKWY
83 **SARASOTA, FL**
84 City **FL** 85 Zip Code **34232**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **SCHLABACH, STEPHEN A**
STREET ADDRESS **3019 WILLOW GREEN**
CITY-ST-ZIP **SARASOTA FL 34235**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **SCHLABACH, STEPHEN A**
1.3 STREET ADDRESS **673 EASTPOINTE PKWY**
1.4 CITY-ST-ZIP **SARASOTA FL 34232** ☒ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **SCHLABACH, JENNIFER**
STREET ADDRESS **3019 WILLOW GREEN**
CITY-ST-ZIP **SARASOTA FL 34235**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **SCHLABACH, JENNIFER**
2.3 STREET ADDRESS **673 EASTPOINTE PKWY**
2.4 CITY-ST-ZIP **SARASOTA, FL 34232** ☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **YUTZY, CLARENCE**
STREET ADDRESS **5980 BROWN LA**
CITY-ST-ZIP **SARASOTA FL 34232**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Stephen A. Schlach* **Stephen A. Schlach** 2-13-96 941 366-8903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)