NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400001673

1. Corporation Name

SHINING LIGHT BIBLE CHURCH, INC.

Principal Place of Business 501 N BENEVA RD SUITE 600 & 604 SARASOTA FL 34232

Mailing Address

P O BOX 7865 SARASOTA FL 34278

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90005 023 ****61.25



| US | | | | | | | | |
|--|--|-------------------------------|--------------------------|---|--|---------------|---------------|--|
| 2 Dringing B | land of Business | 22 Mailing Address | | | Date Incorporated or Qualifed | | | |
| 21 Principal P | Place of Business 2a. Mailing Address 26 | | | | 04/01/1994 | | | |
| | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 4. FEI Number | IA | pplied For | |
| 22 | | 27 | | | 65-0479904 | | ot Applicable | |
| City & Stat | City & State | & State | | E. Contiferate of Status Decised | | Additional | | |
| 23 28 | | 28 | | | 5. Certifcate of Status Desired | Fee:R | equired | |
| Zip | Country | Zip Country | | | 6. Election Campaign Financing | \$5.00 May Be | | |
| 24 25 29 30 | | | <u> </u> | Trust Fund Contribution Added to Fees | | | to Fees | |
| | 9. Name and Address of Current | Registered Agent | 81 | Name | 10. Name and Address of New Registered A | gent | | |
| | | | | or Name | | | | |
| SCHLABACH, STEPHEN A | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 673 EASTPOINTE PKWY | | | 83 | | | | | |
| SARASOTA FL 34232 | | | 05 | | | | | |
| | | | 84 | City | FL | 85 Zip | Code | |
| 11 Durement | to the provisions of Sections 617 0502 | and 617 1508 Florida Statutes | the above | -named | | hanging its | s registered | |
| 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. | | | | | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTO | ORS IN 12 | |
| TITLE | D DELETE 1.1 T) | | 1.1 TITLE | | | ☐ Change | ☐ Addition | |
| NAME | SCHLABACH, STEPHEN A | PHEN A 1.2N | | ļ | | | \$ | |
| STREET ADDRESS | 673 EASTPOINTE PKWY | | 1.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 1.4 CITY-ST | r-ZIP | | | | |
| TITLE | D □ DELETE 2.1 TI | | 2.1 TITLE | | | Change | ☐ Addition | |
| NAME | SCHLABACH, JENNIFER 222N | | | | | | | |
| STREET ADDRESS | 673 EASTPOINTE PKWY 238 | | | ADDRESS | | | 1 | |
| C/TY-ST-ZIP | SARASOTA FL 34232 2.40 | | | T-ZIP | | | | |
| TITLE | D DELETE 3.1 TI | | | | | ☐ Change | Addition | |
| NAME . | YUTZY, CLARENCE 32 NA | | | - [| | | } | |
| STREET ADDRESS | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. C/TY-S | 7-ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | ☐ Change | ☐ Addition | |
| NAME | | | 4. 2 NAME | | | | | |
| STREET ADDRESS | | | 4.3 STREET | - 1 | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 4.4 CITY-S1 5.1 TITLE | -ZIP | | ☐ Change | Addition | |
| TITLE | | | 5.1 HILE 5.2 NAME | | | change | | |
| NAME STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | 1 | |
| CITY-ST-ZIP | | | 5.4 CITY-S7 | ı ı | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | ☐ Change | Addition | |
| NAME | | | 6.2 NAME | ļ | | | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST | ļ | | | \ | |
| 4.7 | | | | | | | | |

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, with all other like empowered.

SIGNATURE:

IAME OF SIGNING OFFICER OR DIRECTOR