## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SARASOTA FL 34278

P O BOX 7865

## DOCUMENT # **N9400001673**

1. Entity Name

501 N BENEVA RD

SARASOTA FL 34232

SUITE 600 & 604

Principal Place of Business

SHINING LIGHT BIBLE CHURCH, INC.



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90235 016 ****61.25
THEOR HEDE IS MAKING CHANCES

2. Principal Place of Business		3. Mailing	3. Mailing Address							
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 65-0479904			oplied For	
Zip	Country	Zip		Country		5. Certificate of Status Desired Sa.75 Additional Fee Required				
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SCHLABA	ACH, STEPHEN A			Name	Address (D)	2 Oznakla seksasi i	No. 6			
673 EASTPOINTE PKWY SARASOTA FL 34232				Street A	Street Address (P.O. Box Number is Not Acceptable)					
ONINGOTA TE GREGE				City	City FL Zip Code					
the obligat	tions of registered agent.  Signature, typed or printed name of registers.	ered agent and title if applicable	a. (NOTE: f	Registered Agent signal	ture required wh	nen reinstating)	<del>/ 14 14 in </del>	DATE		
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Make Check Payable to Added to Fees Florida Department of State				
10.	•	AND DIRECTORS		11.	AD	DITIONS/CHAN	GES TO OFFICER	S AND DIRECTORS IN	110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLABACH, STEPHEN A 8140 NATURES WAY #21 BRADENTON FL 34202		Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP		bach, ste Duck Po. Sota, FL		<b>⊡</b> Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLABACH, JENNIFER 8140 NATURES WAY #21 BRADENTON FL 34202	- د ده ده د میشوری میشوری	Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		bach, J Duck P Sota, FL	ennifor ond-bane 74240	Change	☐ Addition	
TITLE NAME Street address City-St-Zip	D YUTZY, CLARENCE 5980 BROWN LA SARASOTA FL 34232		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	į			☐ Change	☐ Addition	
TTLE			☐ Delete	TITLE	1			☐ Change	☐ Addition	

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

**SIGNATURE** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

1-23-03

14/ 366-1903

☐ Change

☐ Addition