FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500003875

Corporation Name

SHINING LIGHT BIBLE CHURCH OF ORLANDO FLORIDA, I NC.

Principal Place of Busines
3908 CURRY FORD RD.
ORLANDO FL 32806

2. Principal Place of Business

Mailing Address

3908 CURRY FORD RD. ORLANDO FL 32806

2a. Mailing Address

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FILED Apr 23, 1999 8:00 am Secretary of State

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3. Date Incorporated or Qualifed

08/14/1995

Cuite Art # ste		Suite, Apt. #, etc.		4. FEI Number	Applied For	
Suite, Apt. #, etc.				59-3244771	Not Applicable	
22		27				
City & State		City & State		5. Certificate of Status Desired	8.75 Additional	
23		28			Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	5.00 May Be	
24	25	29	0	Trust Fund Contribution	Added to Fees	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
	-		81 Name	TUND THE	\sim \sim	
				BLIZARD (HERES	2π /1.	
HEBERT, JOSEPH E			82 Street A	Address (P.O. Box Number is Not Acceptable)	AUENUE	
3908 CURRY FORD RD:				862 MELLOWOOD	HOENOC	
ORLANDO FL 32806 83					. {	
Contraction of the Contraction o			84 City	85	Zip Code	
$\frac{d}{dt} \int_{t}^{t} \int_{t}$			84 City ORLANDO FL 85 Zin Code 25			
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 chande 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.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12	
		DELETE	1.5 TITLE		Change Addition	
TITLE	PD	Decere	1	1110-10001		
NAME	HEBERT, JOSEPH		1.2 NAME	BLIZARD THERESA	5	
STREET ADDRESS	1903-GERDA-TER.		1.3 STREET ADDRESS	BLZ MELLOWOOD AVENUE	j	
CITY-ST-ZIP	ORLANDO-FL "'	` <u> </u>	1.4 CITY-ST-ZIP	DRLANDO, FL 3282		
TITLE	VD-	DELETE	2.1 TITLE	VICE PRESIDENT	Change	
NAME	MILLER, JIMMY	`	2.2 NAME	MOSELY, KAREN		
STREET ADORESS	4709 E. 80TH ST., APT-7L		2,3 STREET ADDRESS	232 GENESCO PARK		
	TULSA OK	من المستحديث الأعم الوادات	2,4 CITY-ST-ZIP	NASHVILLE TN 3721	7	
CITY-ST-ZIP		DELETE	3.1 TITLE	SECRETARY TREASURER X		
TITLE	HEREOT THEREOA A	Auctic		DECKELLE / LYENDREK /		
NAME	HEBERT, THERESA A		3.2 NAME	MOSELY RALPH PARK		
STREET ADDRESS	1903 GERDA TER.		3.3 STREET ADDRESS	232 GENESCO PICK	-	
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP	NASHVILLE, TN 37		
TITLE	-\$0	DELETE	4.1 TITLE	, , , , , , , , , , , , , , , , , , , ,	Change Addition	
NAME	M osely, ralph ——		4. 2 NAME	MILLER, JIMMY		
STREET ADORESS	2 32 GENESCO PARK		4.3 STREET ADDRESS		1/41	
CITY-ST-ZIP	NASHVILLE-TN-37217		4.4 CITY-ST-ZIP	01-230 WARSAW PO	LAND.	
TITLE	D	DELETE	5.1 TITLE		Change	
NAME	MOSELY, KAREN	~	5.2 NAME	_		
			5.3 STREET ADDRESS		}	
STREET ADDRESS	232 GENESCO-PARK					
CITY-ST-ZIP	NASHVILLE TN 37217		5.4 CITY-ST-ZIP		Change Addition	
TITLE ; i	A Part of the Control	DELETE	6.1 TITLE .	J	Change	
NAME:	La sellen e te		6.2 NAME ·	,		
STREET ADDRESS			6.3 STREET ADDRESS		•	
CITY-ST-ZIP	ريات سي استواري ا		6.4 CITY-ST-ZIP	;		
14. I hereby o	certify that the information supplied with	this filing does not qualify for the	ne exemption stated	in Section 119.07(3)(i), Florida Statutes. I further certify the	at the information	
	40'	on and report in two and ecoure	to and that my plans	ature shall have the same legal affect as if made under nat	th: that I am an	

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 informatic 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:

JAIGNATURE DISQUEE

4-21-99

(40) 894-5033 Daytime Phone #