

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003875

1. Entity Name

SHINING LIGHT BIBLE CHURCH OF ORLANDO FLORIDA, I

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90142 025 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3908 CURRY FORD RD.  
ORLANDO FL 32806

3908 CURRY FORD RD.  
ORLANDO FL 32806-2702

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

59-3244771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLIZARD, THERESA A  
862 MELLOWOOD AVE.  
ORLANDO FL 32825

Name

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

City

FL

Zip Code

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 <sup>X</sup>

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME BLIZARD, THERESA  
STREET ADDRESS 862 MELLOWOOD AVE.  
CITY-ST-ZIP ORLANDO FL 32825

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

TITLE VD ☐ Delete  
NAME MOSELY, KAREN  
STREET ADDRESS 323 GENESCO PARK  
CITY-ST-ZIP NASHVILLE TN 37217

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

TITLE STD ☐ Delete  
NAME MOSELY, RALPH  
STREET ADDRESS 232 GENESCO PARK  
CITY-ST-ZIP NASHVILLE FL 37217

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

TITLE M ☐ Delete  
NAME MILLER, JIMMY  
STREET ADDRESS U1 SKIERNIEWICKA 21/41  
CITY-ST-ZIP WARSAW PO 01-23

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00 (407) 894-5033  
Date Daytime Phone #

CR2E037 (9/99)