

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

05-05-1999 90074 045 \*\*\*\*61.25

DOCUMENT # N97000002397

1. Corporation Name

SHINING LIGHT COMMUNITY SERVICES CORPORATION

Principal Place of Business

3429 DORA STREET  
FORT MYERS FL 33916

Mailing Address

3429 DORA STREET  
FORT MYERS FL 33916



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/21/1997

4. FEI Number

31-1581299

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

9. Name and Address of Current Registered Agent

THOMAS, TONI  
3429 DORA STREET  
FORT MYERS FL 33916

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

TITLE ☐ DELETE

NAME THOMAS, TONI  
STREET ADDRESS 3429 DORA STREET  
CITY-ST-ZIP FORT MYERS FL 33916

TITLE ☐ DELETE

NAME GASKIN, FRED  
STREET ADDRESS 2605 SIXTH STREET W  
CITY-ST-ZIP LEHIGH ACRES FL 33971

TITLE ☐ DELETE

NAME HAUGABOOK, TOLLEY  
STREET ADDRESS 3 SKIPTON CIRCLE  
CITY-ST-ZIP FORT MYERS FL 33905

TITLE ☒ DELETE

NAME THOMAS, GLORIA  
STREET ADDRESS 6215 MEADOW VIEW CIRCLE  
CITY-ST-ZIP FORT MYERS FL 33916

TITLE ☐ DELETE

NAME POPE, IRISTINE  
STREET ADDRESS 3408 FRANKLIN STREET  
CITY-ST-ZIP FORT MYERS FL 33916

TITLE ☐ DELETE

NAME GASKIN, LUCY  
STREET ADDRESS 2605 SIXTH STREET W  
CITY-ST-ZIP LEHIGH ACRES FL 33971

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DVP  
Alvin L. Curry  
2197 Mitchell Court  
Ft. Myers, Fl. 33916

DT  
Pope, Iristine  
3408 Franklin St.  
Fort Myers, Fl 33916

DS  
Gaskin, Lucy  
2605 Sixth Street W  
Lehigh Acres, Fl 33971

14. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

(941) 334-1070

Daytime Phone #

CR2E037 (11/98)