

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002397

1. Entity Name

SHINING LIGHT COMMUNITY SERVICES CORPORATION

FILED

Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90026 039 ****61.25

Principal Place of Business

Mailing Address

3429 DORA STREET
FORT MYERS FL 33916

3429 DORA STREET
FORT MYERS FL 33916

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1581299

Applied For

Not Applicable.

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, TONI
3429 DORA STREET
FORT MYERS FL 33916

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

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

TITLE D
NAME JACKSON, SHELIA
STREET ADDRESS 2127 TOWLES STREET
CITY-ST-ZIP FORT MYERS FL 33916 ☐ Change ☒ Addition

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

TITLE D
NAME ALBANY, ZANNIE T
STREET ADDRESS 2227 CARVER STREET
CITY-ST-ZIP FORT MYERS FL 33916 ☐ Change ☒ Addition

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

TITLE ~~DS~~
NAME ~~3 SKIPTON CIRCLE~~
STREET ADDRESS ~~FORT MYERS FL 33905~~ ☒ Change ☐ Addition

TITLE DVP
NAME CURRY, ALVIN L
STREET ADDRESS 2197 MITCHELL CT
CITY-ST-ZIP FORT MYERS FL 33916 ☐ Delete

TITLE DS
NAME HAUGABOOK, TOLLEY
STREET ADDRESS 3 SKIPTON CIRCLE
CITY-ST-ZIP FORT MYERS FL 33905 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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.

SIGNATURE:

Iristine Pope
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/02 941 337-4021
Daytime Phone #

CR2E037 (9/01)