
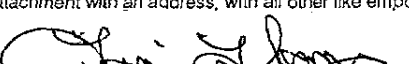


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000002397</b> 1. Entity Name <b>SHINING LIGHT COMMUNITY SERVICES CORPORATION</b>					
Principal Place of Business <b>2229 CARVER ST FORT MYERS FL 33916</b>			Mailing Address <b>2229 CARVER ST FORT MYERS FL 33916</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>THOMAS, TONI 3429 DORA STREET FORT MYERS FL 33916</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <span style="float: right;"><b>FL</b> Zip Code</span>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	THOMAS, TONI			NAME	
STREET ADDRESS	3429 DORA STREET			STREET ADDRESS	
CITY- ST- ZIP	FORT MYERS FL 33916			CITY- ST- ZIP	04/13/05-80097-011 61.25
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	GASKIN, FRED			NAME	
STREET ADDRESS	2605 SIXTH STREET W			STREET ADDRESS	
CITY- ST- ZIP	LEHIGH ACRES FL 33971			CITY- ST- ZIP	
TITLE	DS <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HAUGABOOK, TOLLEY			NAME	
STREET ADDRESS	3 SKIPTON CIRCLE			STREET ADDRESS	
CITY- ST- ZIP	FORT MYERS FL 33905			CITY- ST- ZIP	
TITLE	DVP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CURRY, ALVIN L			NAME	
STREET ADDRESS	2197 MITCHELL CT			STREET ADDRESS	
CITY- ST- ZIP	FORT MYERS FL 33916			CITY- ST- ZIP	
TITLE	DT <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	POPE, IRISTINE			NAME	
STREET ADDRESS	3408 FRANKLIN STREET			STREET ADDRESS	
CITY- ST- ZIP	FORT MYERS FL 33916			CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	JACKSON, SHELIA			NAME	
STREET ADDRESS	2127 TOWLES STREET			STREET ADDRESS	
CITY- ST- ZIP	FORT MYERS FL 33916			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)(f), 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 1 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>TONI THOMAS</b> <span style="float: right;">4/9/05 (239) 344-3374</span>					