2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2007 8:00 am
Secretary of State
05-17-2007 90038 028 ****61.25

DOCUMENT # N97000002397

1. Entity Name

SHINING LIGHT COMMUNITY SERVICES CORPORATION

Principal Place of Business	Mailing Address
2229 CARVER ST FORT MYERS FL 33916	2229 CARVER ST FORT MYERS FL 33916

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 31-1581299 ☐ Applied For ☐ Not Applicable

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: Alvin L. Curry Street Address (P.O. Box Number is Not Acceptable): 2229 Carver Street City: Fort Myers FL Zip Code: 33916

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 _____ 4-30-7
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
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP THOMAS, TONI 3429 DORA STREET FORT MYERS FL 33916	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Alvin L. Curry 3971 Ballard road Fort myers, FL 33916	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GASKIN, FRED 2605 SIXTH STREET W LEHIGH ACRES FL 33971	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Toni Thomas, 3010 Market St. Ft. myers, FL 33916	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HAUGABOOK, TOLLEY 3 SKIPTON CIRCLE FORT MYERS FL 33905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP CURRY, ALVIN L 2197 MITCHELL CT FORT MYERS FL 33916	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT POPE, IRISTINE 3408 FRANKLIN STREET FORT MYERS FL 33916	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, SHELIA 2127 TOWLES STREET FORT MYERS FL 33916	☐ 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 exemptions contained in Section 119, 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: _____ 4-31-7 239-334-2205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #