2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001410

FILED
Apr 19, 2000 8:00 am
Secretary of State
04-19-2000 90056 023 ****70.00

1. Entity Name

SONLIGHT MINISTRIES, INC.

Principal Place of Business	Mailing Address
64 OAK ST. N. FORT MYERS FL 33903	64 OAK ST. N. FORT MYERS FL 33903-4467

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1232 N. TAMIAMI TRL.	
Suite, Apt. #, etc. #7	Suite, Apt. #, etc.
City & State N. FT. MYERS, FL	City & State
Zip 33903 Country USA	Zip Country

4. FEI Number 91-1825478 ☐ 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
BEAN, ROBERT E REV. 64 OAK ST. N. FORT MYERS FL 33903	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
		P C D ROBERT E. BEAN 64 OAK ST N. FT. MYERS, FL 33903	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
		S-T-D CHRISTINA A. BEAN 64 OAK ST N. FT. MYERS, FL 33903	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
		V D RON DOUBY 4930 ORANGE GROVE BLVD. N. FT. MYERS, FL 33903	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/99)

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 ROBERT E BEAN — 3-24-2000 — 941-997-2505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #