

2001 UNIFORM BUSINESS REPORT (UBR)

0068351

DOCUMENT # N99000001410

1. Entity Name

SONLIGHT MINISTRIES, INC.

FILED

01 FEB 12 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1232 N. TAMiami TrL
#7
N. FORT MYERS FL 33903

Mailing Address

64 OAK ST.
N. FORT MYERS FL 33903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-1825478

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

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
PCD
BEAN, ROBERT E
64 OAK ST
FORT MYERS FL 33903

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BEAN, CHRISTINA
64 OAK ST
FORT MYERS FL 33903

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003743025
-02/20/01--01056--015
*****70.00 *****70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
DOVEY, RON
4930 ORANGE GROVE BLVD
FORT MYERS FL 33903

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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: *NEBEANATUREERE BEAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/2001

Date

941-997-2505

Daytime Phone #

CR2E037 (10/00)