

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N99000006245

ck# 483

1. Entity Name

HIGHWAYS & HEDGES - SHINING LIGHT MINISTRIES, INC

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-08-2000 90210 026 ****61.25

Principal Place of Business 4133 SPRING CREEK HIGHWAY CRAWFORDVILLE FL 32326	Mailing Address P.O. BOX 784 CRAWFORDVILLE FL 32326-0784
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Same</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

City & State	City & State
Zip	Country <i>USA</i>
Zip	Country <i>USA</i>

4. FEI Number <i>Applied for</i>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROSS, SONDR0 SELBE 4133 SPRING CREEK HIGHWAY CRAWFORDVILLE FL 32326
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7. Name and Address of New Registered Agent Name <i>Same</i> Street Address (P.O. Box Numbers Not Acceptable) <i>N/A</i> City <i>FL</i> Zip Code
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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 <i>Sondro Selbe Ross</i>	<i>Sondro Selbe Ross</i>	<i>4/25/00</i>
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>Same as Previously Reported</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>President (Same)</i> <i>Ron Strickland</i> <i>2367 Ryan Place</i> <i>Tallahassee, FL 32308</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Vice-President (Same)</i> <i>Lisa Strickland</i> <i>2367 Ryan Place</i> <i>Tallahassee, FL 32308</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Sec. Treasurer (Same)</i> <i>Sondro Selbe Ross</i> <i>4133 Spring Creek</i> <i>Crawfordville, FL 32324</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Sondro Selbe Ross</i>	<i>4/25/00</i> <i>878-3134</i> <i>926-5690</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E037 (9/99)