

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21210

Entity Name: SOURCE OF LIGHT AND HOPE DEVELOPMENT CENTER, INC.**Current Principal Place of Business:**2666 LIME STREET
FT MYERS, FL 33916**Current Mailing Address:**P O BOX 1892
FT MYERS, FL 33902 US**FEI Number:** 65-0013240**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAPP, RICHARD A.
3275 SOUTH STREET
FT. MYERS, FL 33916-5719 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	T
Name	YOUNG, MATTIE
Address	1540 LOCKWOOD STREET
City-State-Zip:	FT. MYERS FL 33916

Title	DIRECTOR
Name	GREEN, JAMES
Address	78 PALM TREE LANE
City-State-Zip:	FT. MYERS FL 33905

Title	P
Name	GIBBONS, JOHN
Address	P.O. BOX 1298
City-State-Zip:	LEHIGH ACRES FL 33970

Title	S
Name	COOK, BARBARA
Address	1525 HIGH STREET
City-State-Zip:	FORT MYERS FL 33916

Title	VP
Name	KENNIX, ROY H
Address	2885 PALM BEACH BLVD. A602
City-State-Zip:	FORT MYERS FL 33916

Title	DIRECTOR
Name	COOK, ESTELLA
Address	3149 APACHE STREET
City-State-Zip:	FORT MYERS FL 33916

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN GIBBONS**PRESIDENT****04/14/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date