

2024 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 TREASURER
Name POWELL, TRACEY
Address P O BOX 1892
City-State-Zip: FT. MYERS FL 33902

Title PRESIDENT
Name SAPP, HOWARD
Address 11199 SAND PINE COURT
City-State-Zip: LEHIGH ACRES FL 33913

Title VP
Name KINNEX, ROY
Address P O BOX 42
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR
Name FURLOW, TERESA
Address P O BOX 1892
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR
Name GREEN, JAMES
Address P O BOX 2013
City-State-Zip: NORTH LITTLE ROCK AR 72115

Title SECRETARY
Name MCCARTER, MICHELLE
Address 1919 VESPER COURT
City-State-Zip: LEHIGH ACRES FL 33972

Title DIRECTOR
Name SCURRY, YVETTE
Address P O BOX 1892
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR
Name THOMAS, TODD
Address PO BOX 1892
City-State-Zip: FT. MYERS FL 33902-

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: HOWARD SAPP**BOARD PRESIDENT****04/03/2024**

Electronic Signature of Signing Officer/Director Detail

Date