

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40500

**Entity Name:** SUNLIGHT COMMUNITY CHURCH OF PORT ST. LUCIE, INC.

**FILED**  
**Feb 10, 2015**  
**Secretary of State**  
**CC3348701923**

**Current Principal Place of Business:**

SCOTT VANDER PLOEG  
477 SW CASHMERE BLVD  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

SCOTT VANDER PLOEG  
477 SW CASHMERE BLVD  
PORT SAINT LUCIE, FL 34986 US

**FEI Number: 65-0074763**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SMIT, JACOB J  
477 SW CASHMERE BLVD  
PORT SAINT LUCIE, FL 34986 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            PRES  
Name            SMIT, JACOB J  
Address        477 SW CASHMERE BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title            VP  
Name            SIERRA, JUAN  
Address        477 SW CASHMERE BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title            SEC  
Name            WHITT, WILLIAM  
Address        477 SW CASHMERE BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title            TRES  
Name            KNAPP, STACY  
Address        477 SW CASHMERE BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34986

*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: STACY KNAPP**

**TREASURER**

**02/10/2015**

Electronic Signature of Signing Officer/Director Detail

Date