FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 APR 18 PM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735231 (3)

1. Corporation Name
SUNSHINE LUTHERAN BRETHREN CHURCH, INC.

Principal Place of Business	Mailing Address
5330 WHIPPOORWILL DR HOLIDAY FL 34690	5330 WHIPPOORWILL DR HOLIDAY FL 34690

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1976
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2276285 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HEGGLAND, THOMAS
3047 FINCH DR
HOLIDAY FL 34690

10. Name and Address of New Registered Agent

81 Name: HEGGLAND, RICHARD
82 Street Address (P.O. Box Number is Not Acceptable): 3040 PETERBOROUGH
83
84 City: HOLIDAY FL 85 Zip Code: 34690

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: RICHARD HEGGLAND — 4-15-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	HEGGLAND, THOMAS	1.2 NAME	REIDAR HOIDALEN	
STREET ADDRESS	3047 FINCH DR	1.3 STREET ADDRESS	3050 JALVIS ST.	
CITY-ST-ZIP	HOLIDAY FL	1.4 CITY-ST-ZIP	HOLIDAY FLORIDA 34690	
TITLE	T	2.1 TITLE	T.	☑ Change ☐ Addition
NAME	OLSEN, RALPH	2.2 NAME	JANE BJORBEKK	
STREET ADDRESS	G706 WALDORT CT	2.3 STREET ADDRESS	3108 BLUEBIRD DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FLO	2.4 CITY-ST-ZIP	HOLIDAY FLORIDA 34690	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	JENSEN, MARIE	3.2 NAME		
STREET ADDRESS	2081 CORONET DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL00000	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☑ Change ☐ Addition
NAME	REIDAR, HOIDALEN	4.2 NAME	RICHARD HEGGLAND	
STREET ADDRESS	3107 MATCHLOCK DR	4.3 STREET ADDRESS	3040 PETERBOROUGH	
CITY-ST-ZIP	HOLIDAY, FL 00000	4.4 CITY-ST-ZIP	HOLIDAY FLORIDA 34690	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: RICHARD HEGGLAND — 4-15-95 — 813-938-2749
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

RICHARD HEGGLAND

0098487