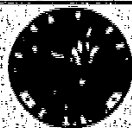


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

195 APR 18 PM 11:25

DOCUMENT # 735231 (3)

1. Corporation Name

SUNSHINE LUTHERAN BRETHREN CHURCH, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 03/11/1978
3a. Date of Last Report 01/25/1994
4. FEI Number 59-2276285
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEGGLAND, THOMAS
3047 FINCH DR
HOLIDAY FL 34690

81 Name HEGGLAND, RICHARD
82 Street Address (P.O. Box Number is Not Acceptable) 3050 PETER BOROUGH
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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE RICHARD HEGGLAND

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Fundraising is void when reinstating)

4-15-95

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HEGGLAND, THOMAS
STREET ADDRESS	3047 FINCH DR
CITY-ST-ZIP	HOLIDAY FL
TITLE	T
NAME	OLSEN, RALPH
STREET ADDRESS	G708 WALDORT CT
CITY-ST-ZIP	NEW PORT RICHEY, FLO
TITLE	SD
NAME	JENSEN, MARE
STREET ADDRESS	2081 CORONET DR.
CITY-ST-ZIP	NEW PORT RICHEY, FLO0000
TITLE	D
NAME	REIDAR, HOIDALEN
STREET ADDRESS	3107 MATCHLOCK DR
CITY-ST-ZIP	HOLIDAY, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	REIDAR HOIDALEN	
1.3 STREET ADDRESS	3050 JALVIS ST.	
1.4 CITY-ST-ZIP	HOLIDAY-FLORIDA 34690	
2.1 TITLE	T.	☒ Change ☐ Addition
2.2 NAME	JANE BJORDEKK	
2.3 STREET ADDRESS	3108 BLUEBIRD DR	
2.4 CITY-ST-ZIP	HOLIDAY FLORIDA 34690	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	RICHARD HEGGLAND	
4.3 STREET ADDRESS	3050 PETERBOROUGH	
4.4 CITY-ST-ZIP	HOLIDAY-FLORIDA 34690	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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

Date

813-938-2249

Daytime Phone #