

FILED
Jul 30 1998 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736357 (5)
 1. Corporation Name
SUNSHINE STATE CHRISTIAN HOMES, INC.



Principal Place of Business 5250 WHIPPOORWILL DRIVE HOLIDAY FL 34690	Mailing Address 5250 WHIPPOORWILL DRIVE HOLIDAY FL 34690
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3. Date Incorporated or Qualified 07/12/1976	
4. FEI Number 51-0205101	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent PETERSON, JOHN A 10912 LIVINGSTON DRIVE NEW PORT RICHEY FL 34654	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code
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11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, OWEN	1.2 NAME	
STREET ADDRESS	150 WEST MEMORIAL DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA SPGS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, CA	2.2 NAME	
STREET ADDRESS	5522 HEREFORD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODDARD, MARGE	3.2 NAME	
STREET ADDRESS	511 LAKESHORE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUGHLAND, KENNETH	4.2 NAME	
STREET ADDRESS	520 BAHIA TRACK RUN	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 00000	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANTA, PAUL	5.2 NAME	
STREET ADDRESS	1123 INDIGO RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH. FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: John Peterson Date: 7-21-98 Daytime Phone #: 813-934-8052

CR2E037 (5/98)