


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90032 046 ****61.25

DOCUMENT # 736357			
1. Entity Name SUNSHINE CHRISTIAN HOMES, INC.			
Principal Place of Business 5250 WHIPPOORWILL DRIVE HOLIDAY, FL 34690		Mailing Address 1504 CHURCH AVENUE TAVARES, FL 32778	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02092004		Chg-NP	
CR2E037 (10/03)		54015305	
4. FEI Number 51-0205101		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HALL, KENNETH RAY JR 1504 CHURCH AVENUE TAVARES, FL 32778		Name: ALLEN, TERESA M. Street Address (P.O. Box Number is Not Acceptable): 1504 CHURCH AVENUE City: TAVARES FL Zip Code: 32778	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Teresa M. Allen</i>		TERESA M. ALLEN, DIRECTOR OF ACCOUNTING 2/9/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D	NAME: ROYSTON, DON	TITLE: CD	NAME: BRUMMETT, JACK
STREET ADDRESS: 14006 86TH CIRCLE	CITY-ST-ZIP: SUMMERFIELD, FL 34491	STREET ADDRESS: 8452 CORAL CREEK LOOP	CITY-ST-ZIP: HUDSON, FL 34667
TITLE: D SD	NAME: STOUGH, FRANKYE	TITLE: D	NAME: NUSSBAUM, JERRY
STREET ADDRESS: 1211 N ORANGE AVE	CITY-ST-ZIP: TAVARES, FL 32778	STREET ADDRESS: 1261 PINE RIDGE CIRCLE WEST E-2	CITY-ST-ZIP: TARPON SPRINGS, FL 34689
TITLE: VCD	NAME: BALM, HOWARD	TITLE: D	NAME: OSBORN, WYBURN
STREET ADDRESS: 120 WATER BERRY DR.	CITY-ST-ZIP: TARPON SPRINGS, FL 34689	STREET ADDRESS: 5111 KING AVE.	CITY-ST-ZIP: ZELLWOOD, FL 32798
TITLE: SD D	NAME: BANTA, PAUL	TITLE: D	NAME: HOUGHLAND, KEN
STREET ADDRESS: 5206 PEACOCK DRIVE	CITY-ST-ZIP: HOLIDAY, FL 34690	STREET ADDRESS: 520 BAHIA TRACK RUN	CITY-ST-ZIP: Ocala, FL 34472
TITLE: D	NAME: AUMULLER, EVELYN	TITLE: D	NAME: NELSON, JOHN
STREET ADDRESS: 2133 POINCIANA DRIVE	CITY-ST-ZIP: CLEARWATER, FL 33760	STREET ADDRESS: 204 KRAFT DRIVE	CITY-ST-ZIP: CASSELBERRY, FL 32707
TITLE: TD	NAME: LEMON, GERRI	TITLE: TD	NAME: LEMON, GERRI
STREET ADDRESS: 320 COLONIAL BLVD.	CITY-ST-ZIP: PALM HARBOR, FL 34684	STREET ADDRESS: 5220 PEACOCK DRIVE	CITY-ST-ZIP: HOLIDAY, FL 34690
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Jack A. Brummett</i>		JACK A. BRUMMETT 2/25/04 352-742-7111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	