


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90049 043 ****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 1504 CHURCH AVENUE		3. Mailing Address _Suite, Apt. #, etc._	
City & State TAVARES, FL		City & State	
Zip 32778	Country U.S.A.	Zip	Country
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. Name and Address of Current Registered Agent ALLEN, TERESA M 1504 CHURCH AVENUE TAVARES, FL 32778		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	D ROYSTON, DON 14006 86TH CIRCLE SUMMERFIELD, FL 34491 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD OSBORN, WYBURN 137 SYCAMORE DRIVE TAVARES, FL 32778 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOUGH, FRANKYE 1211 N ORANGE AVE TAVARES, FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STOUGH, FRANKYE 1211 N ORANGE AVE TAVARES, FL 32778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BALM, HOWARD 120 WATER BERRY DR. TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALM, HOWARD 7637 WIMPOLE DRIVE NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BANTA, PAUL 5206 PEACOCK DRIVE HOLIDAY, FL 34690 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD NELSON, JOHN 204 KRAFT DRIVE CASSELBERRY, FL 32707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUMULLER, EVELYN 2133 POINCIANA DRIVE CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER Tom 1173 GLENMOOR CT. CLEARWATER, FL 33764 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEMON, GERRI 5220 PEACOCK DR. HOLIDAY, FL 34690 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUMMETT, JACK 8542 CORAL CREEK LP. HUDSON, FL 34667 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Frankye L. Stough, FRANKYE L. STOUGH</u>		Date: <u>1/6/05</u>	Daytime Phone #: <u>352-742-7111</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

40002408



01042005 Chg-NP CR2E037 (10/03)

ATTACHMENT

D
Houglan, Ken
520 Bahia Track Run
Ocala, FL 34472

ADDITION

40002408

736357

D
Nussbaum, Jerry
1261 Pine Ridge Circle West E-2
Tarpon Springs, FL 34689

ADDITION