

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:34

DOCUMENT # **759602** (6)

1. Corporation Name
SUNSHINE CATHEDRAL, INC.

Principal Place of Business Mailing Address
% H. KEN JOHNSON
4301 W. S.R. 60
PLANT CITY FL 33567
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/12/1981** 3a. Date of Last Report **07/28/1994**
4. FEI Number **59-2118970** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
JOHNSON, H. KEN
5521 W.O. GRIFFIN RD.
PLANT CITY FL 33567

10. Name and Address of New Registered Agent
81 Name **Johnson, Betty J**
82 Street Address (P.O. Box Number is Not Acceptable) **5521 WO Griffin Road**
83
84 City **Plant City** FL 85 Zip Code **33567**

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 Betty J Johnson President Betty J Johnson 1-29-95
NOTE: Registered Agent Signature required when registering. DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, H. KEN 5521 W O GRIFFIN RD PLANT CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD UEBEL, JOHN C. 11327 POINSETTIA STREET RIVERVIEW FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, BETTY 5521 W O GRIFFIN RD PLANT CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, DIANA 5015 TURKEYCREEK RD PLANT CITY FL
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 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Remove <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Johnson, H. Ken
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Uebel, John G 11327 Poinsettia Street Riverview, Florida 33569
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Johnson, Betty J 5521 WO Griffin Road Plant City, Florida 33567
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Perry, Diana 5015 Turkey Creek Road Plant City, Florida 33567
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Williams, Melba 3011 South Wiggins Road Plant City, Florida 33566
6.1 TITLE 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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty J Johnson Betty J Johnson 1-29-95 737-3553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr