2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 04, 2004 08:00 AM DOCUMENT # 759602 Secretary of State SUNSHINE CATHEDRAL, INC. Mailing Address Principal Place of Business % H. KEN JOHNSON 4301 W. S.R. 60 PLANT CITY FL 33567 % H. KEN JOHNSON 4301 W. S.R. 60 PLANT CITY FL 33567 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2118970 Not Applicable Country \$8.75 Additional Zìp Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHNSON, BETTY J Street Address (P.O. Box Number is Not Acceptable) 5521 WO GRIFFIN ROAD PLANT CITY FL 33567 Zip Cade City 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Delete TITLE TITLE JOHNSON, BETTY J NAME U000000076314 5521 WO GRIFFIN ROAD STREET ADDRESS STREET ADDRESS 03/04/04-80023-012 61.25 PLANT CITY FL CITY-ST-ZIP CITY - ST - ZIP Delete TITLE ☐ Change ☐ Addition TITLE PERRY, DIANA NAME NAME 5015 TURKEY CREEK ROAD STREET ADDRESS STREET ADDRESS PLANT CITY FL CATY - ST - ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE URBEL, JOHN G NAME NAME 11327 POINSETTIA ST. STREET ADDRESS STREET ADDRESS RIVERVIEW FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE GRANT, MARVIN NAME NAME 2115 PINEGROVE RD STREET ADDRESS STREET ADDRESS MULBERRY FL 33860 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutus. 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

FILED

GIGNATURE: Betty Johnson Betty Johnson 3-2-04 813-737-3966

changed, or on an attachment with an address, with all other like empowered.