

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759602

FILED
Mar 18, 2009
Secretary of State

Entity Name: SUNSHINE CATHEDRAL, INC.

Current Principal Place of Business:

% H. KEN JOHNSON
4301 W. S.R. 60
PLANT CITY, FL 33567 US

New Principal Place of Business:

Current Mailing Address:

% H. KEN JOHNSON
4301 W. S.R. 60
PLANT CITY, FL 33567 US

New Mailing Address:

FEI Number: 59-2118970 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, BETTY J
5521 WO GRIFFIN ROAD
PLANT CITY, FL 33567 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, BETTY J
Address: 5521 WO GRIFFIN ROAD
City-St-Zip: PLANT CITY, FL 33567

Title: ST () Delete
Name: PERRY, DIANA
Address: 5015 TURKEY CREEK ROAD
City-St-Zip: PLANT CITY, FL 33567

Title: VD () Delete
Name: UEBEL, JOHN G
Address: 605 RED ROBIN DRIVE
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: JOHNSON JR, HOYTT K
Address: 5521 WO GRIFFIN ROAD
City-St-Zip: PLANT CITY, FL 33567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY J JOHNSON

PD

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date