2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 07, 2005 8:00 am Secretary of State DOCUMENT # N01000007643 1. Entity Name 04-07-2005 90022 007 ****61.25 SUNSHINE BAPTIST FELLOWSHIP, INC. Principal Place of Business Mailing Address FAITH BAPTIST CHURCH 2140 CRYSTAL BEACH ROAD FAITH BAPTIST CHURCH 2140 CRYSTAL BEACH ROAD WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 2. Principal Place of Business 3. Mailing Address TAMP SPARTA Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State 4. FE! Number 65-1093335 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 76111 AN 09 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ABLES, CLIFFORD M III Street Address (P.O. Box Number is Not Acceptable) 551 SOUTH COMMERCE AVENUE SEBRIGN FL 33870 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005: Added to Fees Florida Department of State 10, OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition KILMER, BARAN SANDERS, DON NAME NAME 5055 CAMP SPAKTA RU 1723 N.E. 6TH STREET STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33909 CITY-ST-ZIP CITY-ST-ZIP CD TITLE ☐ Delete TITLE Addition ☐ Change SOLBER, PAUL PURCIL, J.O. NAME 4906 Melalauca EN. 7831 S.E. 173 PANAROMA PL. STREET ADDRESS STREET ADDRESS THE VILLAGES FL 32162 CITY-ST-7(P CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition HINDAL, CHRIS NAME NAME 8625 CHARTER CLUB CR #6 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33919 CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Change ☐ Addition OSBORNE, NATE NAME NAME 2140 CRYSTAL BEACH ROAD STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33880 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

SIGNATURE: