

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007643

FILED
Feb 24, 2006
Secretary of State

Entity Name: SUNSHINE BAPTIST FELLOWSHIP, INC.

Current Principal Place of Business:

CAMP SPARTA
5055 CAMP SPARTA RD
SEBRING, FL 33875

New Principal Place of Business:

Current Mailing Address:

CAMP SPARTA
5055 CAMP SPARTA RD
SEBRING, FL 33875

New Mailing Address:

FEI Number: 65-1093335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABLES, CLIFFORD M III
551 SOUTH COMMERCE AVENUE
SEBRIGN, FL 33870 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: D () Delete
Name: SANDERS, DON
Address: 1723 N.E. 6TH STREET
City-St-Zip: CAPE CORAL, FL 33909

Title: CD () Delete
Name: PURCIL, J.O.
Address: 7831 S.E. 173 PANAROMA PL.
City-St-Zip: THE VILLAGES, FL 32162

Title: CD () Delete
Name: HINDAL, CHRIS
Address: 8625 CHARTER CLUB CR #6
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: KILMER, BARRY
Address: 5055 CAMP SPARTA RD
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: SORBER, PAUL
Address: 4906 ME LOUCA LN
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SORBER, PAUL
Address: 4906 MELALEUCA LN
City-St-Zip: LAKE WORTH, FL 33463

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

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

Title: D (X) Change () Addition
Name: PIAT, RICK
Address: 1209 VALLEY HILL DR. WEST
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Change () Addition
Name: ALTMAN, DAVID
Address: 379 S. COMMERCE ST.
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL SORBER

Electronic Signature of Signing Officer or Director

CHAI

02/24/2006

Date