

5-20-97 B-7596 C
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 May 20 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 715090 (7)
 1. Corporation Name
 SUNSHINE CHRISTIAN CHURCH, INC.



Principal Place of Business Mailing Address
 14225 NORTHWEST EIGHTH AVENUE C/O SOUTH DADE CHRISTIAN CHURCH
 MIAMI FL 33168-6818 10950 QUAIL ROOST DRIVE
 MIAMI FL 33157-6610

3. Date Incorporated or Qualified 08/12/1968
 3a. Date of Last Report 06/25/1996
 4. FEI Number 05-0128508 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
 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 City & State 28 City & State
 24 State 25 State 29 Zip 30 Zip

9. Name and Address of Current Registered Agent
 ROTH, JEFFREY C ESQ.
 ROTH & SCHOLL
 1500 SAN REMO AVE., STE. 176
 CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPC	<input type="checkbox"/> DELETE
NAME	ALVAREZ, ROLANDO	
STREET ADDRESS	18103 S.W. 88TH PLACE	
CITY - ST - ZIP	MIAMI FL 33157	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	CAMPBELL, WES	
STREET ADDRESS	14451 SW 158TH STREET	
CITY - ST - ZIP	MIAMI FL 33177	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DE JESUS, DAMIAN	
STREET ADDRESS	12730 W. GOLF DRIVE	
CITY - ST - ZIP	MIAMI FL 33177	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KINNARD, GENE	
STREET ADDRESS	9040 S.W. 97TH TERR.	
CITY - ST - ZIP	MIAMI FL 33176	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TORO, MERCEDES	
STREET ADDRESS	383 N.E. 191ST, APT#108	
CITY - ST - ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARTINEZ, SAMUEL	
1.3 STREET ADDRESS	1550 N.E. 124TH STREET	
1.4 CITY - ST - ZIP	MIAMI, FL 33161	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Rolando A. Alvarez ROLANDO A. ALVAREZ 5/5/97 (305) 256-0414
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)