

**FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

07-11-2002 90242 013 \*\*\*\*61.25

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 715090**

1. Entity Name

**SUNSHINE CHRISTIAN CHURCH, INC.**

Principal Place of Business

Mailing Address

14225 NORTHWEST EIGHTH AVENUE  
 MIAMI FL 33169-0918

14225 NW 8 AVE  
 MIAMI FL 33168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0128508

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCISCA DE JESUS  
 12730 W GOLF DR  
 MIAMI FL 33167

7. Name and Address of New Registered Agent

Name: **DAMIAN DE JESUS**  
 Street Address (P.O. Box Number is Not Acceptable):  
**14225 NW 8 ave**  
 City: **MIAMI FL** Zip Code: **33168**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

After September 13, 2002,  
 min. will be \$236.25.

9. Election Campaign Financing  
 Trust Fund Contribution.

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

Delete

TITLE: **DPC**  
 NAME: **MORALES, LUIS F**  
 STREET ADDRESS: **18211 N.W. 52 AVE.**  
 CITY-ST-ZIP: **MIAMI FL 33055**

TITLE: **SD**  
 NAME: **DE JESUS, FRANCISCA**  
 STREET ADDRESS: **12730 W GOLF DR**  
 CITY-ST-ZIP: **MIAMI FL 33167**

TITLE: **DVC**  
 NAME: **DE JESUS, DAMIAN**  
 STREET ADDRESS: **12730 W GOLF DRIVE**  
 CITY-ST-ZIP: **MIAMI FL 33167**

TITLE: **T**  
 NAME: **WASHINGTON, MONTEDEOCA**  
 STREET ADDRESS: **1251 NE 108 ST**  
 CITY-ST-ZIP: **MIAMI FL 33161**

TITLE: **T**  
 NAME: **WASHINGTON, MONTEDEOCA**  
 STREET ADDRESS: **1251 NE 108 ST**  
 CITY-ST-ZIP: **MIAMI FL 33161**

TITLE: **T**  
 NAME: **WASHINGTON, MONTEDEOCA**  
 STREET ADDRESS: **1251 NE 108 ST**  
 CITY-ST-ZIP: **MIAMI FL 33161**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change  Addition

TITLE: **DPC**  
 NAME: **14225 NW 8 ave**  
 STREET ADDRESS: **MIAMI FL 33168**

TITLE: **SD**  
 NAME: **DAMIAN DE JESUS**  
 STREET ADDRESS: **FRANCISCA DE JESUS**  
 CITY-ST-ZIP: **12730 W GOLF DR**  
**MIAMI FL 33167**

TITLE: **DVC**  
 NAME: **FRANCISCA DE JESUS**  
 STREET ADDRESS: **12730 W GOLF DR**  
 CITY-ST-ZIP: **MIAMI FL 33167**

TITLE: **T**  
 NAME: **Dan Francisca de Jesus**  
 STREET ADDRESS: **12730 W GOLF DR**  
 CITY-ST-ZIP: **MIAMI FL 33167**

TITLE: **SD**  
 NAME: **Michelle Guzman**  
 STREET ADDRESS: **13750 NW 8th ave**  
 CITY-ST-ZIP: **MIAMI, FL 33168**

TITLE: **T**  
 NAME: **WASHINGTON, MONTEDEOCA**  
 STREET ADDRESS: **1251 NE 108 ST**  
 CITY-ST-ZIP: **MIAMI FL 33161**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**Damian de Jesus**

**7-8-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

*Francisca de Jesus* 8/9/02

CR2E037 (4/02)