
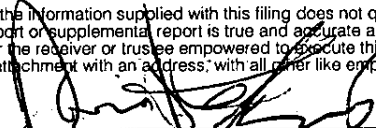


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90120 014 ****61.25

DOCUMENT # 715090					
1. Entity Name SUNSHINE CHRISTIAN CHURCH, INC.					
Principal Place of Business 14225 NORTHWEST 8TH AVENUE MIAMI, FL 33168-6818			Mailing Address 14225 NORTHWEST 8TH AVENUE MIAMI, FL 33168-6818		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.:			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DE JESUS, DAMIAN 4225 NW 8 AVE MIAMI, FL 33168				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DPC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE JESUS, DAMIAN		NAME		
STREET ADDRESS	14225 NW8 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33168		CITY-ST-ZIP		
TITLE	DVC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE JESUS, DAMIAN		NAME		
STREET ADDRESS	12730 W. GOLF DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33167		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, MONTEDEOCA		NAME		
STREET ADDRESS	1251 NE 108 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE JESUS, DANFRARY		NAME		
STREET ADDRESS	12730 W GOLF DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33167		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN, MICHELLE		NAME		
STREET ADDRESS	13750 NW 8TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33168		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ANA GUZMAN	
STREET ADDRESS			STREET ADDRESS	13750 N.W. 8th AVE	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI - FL 33168	
12. I 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 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: 			08/26/04		
SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		