


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

<b>DOCUMENT # 715090</b>							
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	4. FEI Number 05-0128508			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
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: _____			Date: 08/26/04				
SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #				