

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90028 035 \*\*\*\*61.25

0008732

**DOCUMENT # 715090**

1. Entity Name  
**SUNSHINE CHRISTIAN CHURCH, INC.**



Principal Place of Business  
**14225 NORTHWEST EIGHTH AVENUE  
MIAMI FL 33168-6818**

Mailing Address  
**14225 NW 8 AVE.  
MIAMI FL 33168**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**14225 NW 8th Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**14225 NW 8th Ave**  
Suite, Apt. #, etc.

City & State  
**miami florida**  
Zip  
**33168**  
Country  
**U.S.A.**

City & State  
**miami florida**  
Zip  
**33168**  
Country  
**U.S.A.**

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

**DE JESUS, DAMIAN  
4225 NW 8 AVE  
MIAMI FL 33168**

7. Name and Address of New Registered Agent

Name  
**DeJesus, Damian**  
Street Address (P.O. Box Number is Not Acceptable)  
**4225 NW 8th 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DPC DE JESUS, DAMIAN 14225 NW8 AVE MIAMI FL 33168</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DE JESUS, FRANCISCA 12730 W GOLF DR MIAMI FL 33167</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVC DE JESUS, DAMIAN 12730 W. GOLF DRIVE MIAMI FL 33167</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WASHINGTON, MONTEDEOCA 1251 NE 108 ST MIAMI FL 33161</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DE JESUS, DANFRARY 12730 W GOLF DR MIAMI FL 33167</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GUZMAN, MICHELLE 13750 NW 8TH AVE MIAMI FL 33168</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPC DeJesus, Damian 14225 NW 8th Ave miami fl 33168</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVC DeJesus, Damian 12730 W. Golf Drive miami fl 33167</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Washington, Montedeoca 1251 NE 108 St miami fl 33161</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DeJesus, Danfrary 12730 W. Golf Drive miami fl 33167</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Guzman, Michelle 13750 NW 8th Ave miami fl 33168</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DeJesus, Damian**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7-13-03**

Daytime Phone #

CR2E037 (4/03)