

**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**

City & State  
**miami florida**

4. FEI Number **05-0128508**

Applied For  
Not Applicable

Zip **33168** Country **U.S.A.**

Zip **33168** Country **U.S.A.**

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

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

Date **7-13-03**

Daytime Phone #

CR2E037 (4/03)