

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007643

**Entity Name:** SUNSHINE BAPTIST FELLOWSHIP, INC.

**FILED**  
**Mar 20, 2024**  
**Secretary of State**  
**0348770780CC**

**Current Principal Place of Business:**

SBF C/O SRBC  
P.O. BOX 1054 3820 SHEPHERD ROAD  
MULBERRY, FL 33860

**Current Mailing Address:**

SBF C/O SRBC  
P.O. BOX 1054  
MULBERRY, FL 33860 US

**FEI Number: 65-1093335**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LIPPINCOTT, LESTER L III  
SBF C/O SRBC  
P.O. BOX 1054 3820 SHEPHERD ROAD  
MULBERRY, FL 33860 US

*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.*

**SIGNATURE: LESTER L LIPPINCOTT III**

**03/20/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           LIPPINCOTT, LESTER L III  
Address        SBF C/O SRBC  
                  P.O. BOX 1054 3820 SHEPHERD  
                  ROAD  
City-State-Zip: MULBERRY FL 33860

Title           SECRETARY  
Name           COLLINS, GARY  
Address        3348 EASY STREET  
City-State-Zip: PORT CHARLOTTE FL 33952

Title           DIRECTOR  
Name           BANKS, MICHAEL  
Address        13537 ADMIRAL CT  
City-State-Zip: FORT MYERS FL 33912

Title           DIRECTOR  
Name           MARTIN, WILLIAM  
Address        2518 NORTH ORANGEWOOD ST  
City-State-Zip: AVON PARK FL 33825

Title           VC  
Name           SIMPSON, STEPHEN  
Address        PO BOX 866  
City-State-Zip: EAGLE LAKE FL 33839

Title           CHAIRMAN  
Name           PRINZING, GEORGE  
Address        32912 RAMBLING OAKS CT  
City-State-Zip: LEESBURG FL 34748

Title           DIRECTOR  
Name           CLAY, CHARLES H  
Address        FAITH BAPTIST CHURCH  
                  399 MARION OAKS LANE  
City-State-Zip: OCALA FL 34472

Title           DIRECTOR  
Name           MAXWELL, JAMES  
Address        6941 APPLEBY DR  
City-State-Zip: NAPLES FL 34104

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LESTER L LIPPINCOTT III**

**TREASURER**

**03/20/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR

Name YOUMANS, PAUL

Address 1198 17TH ST

City-State-Zip: ORANGE CITY FL 32763