

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **715090** (7)

1. Corporation Name

SUNSHINE CHRISTIAN CHURCH, INC.

Principal Place of Business

**14225 NORTHWEST EIGHTH AVENUE
MIAMI FL 33168-6818**

Mailing Address

**C/O SOUTH DADE CHRISTIAN CHURCH
10960 QUAIL ROOST DRIVE
MIAMI FL 33157**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/12/1968		3a. Date of Last Report 11/24/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 05-0128508		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**ROTH, JEFFREY C ESQ.
ROTH & SCHOLL
1500 SAN REMO AVE., STE. 176
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, ROLANDO	1.2 NAME	
STREET ADDRESS	18103 S.W. 88TH PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33157	1.4 CITY - ST - ZIP	
TITLE	DVC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, WES	2.2 NAME	
STREET ADDRESS	14451 SW 158TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33177	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE JESUS, DAMIAN	3.2 NAME	
STREET ADDRESS	12730 W. GOLF DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33177	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINNARD, GENE	4.2 NAME	
STREET ADDRESS	9040 S.W. 97TH TERR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33176	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, SAMUEL	5.2 NAME	
STREET ADDRESS	1550 N.E. 124TH STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33181	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORO, MERCEDES	6.2 NAME	
STREET ADDRESS	383 N.E. 191ST, APT#108	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33179	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rolando A. Alvarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROLANDO A. ALVAREZ

6/21/96 (305) 358-1000
Date Daytime Phone #

CP2E037 (3/96)