


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 715090 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 Suite, Apt. #, etc.: City & State Zip Country				3. Mailing Address Suite, Apt. #, etc.: City & State Zip Country	
4. FEI Number 05-0128508				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	T 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 08/26/04 Daytime Phone # _____			