

FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **715552** (6)

1. Corporation Name

**SUNNYSIDE MENNONITE CHURCH, INC.**

Principal Place of Business

Mailing Address

**1001 HONORE AVE.  
SARASOTA FL 34232-3001  
US**

**1001 HONORE AVE.  
SARASOTA FL 34232-3001  
US**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**11/13/1968**

4. FEI Number

**59-1233276**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

**MULLET, STANLEY  
1177 RUSSELL AVE.  
SARASOTA FL 34232**

**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

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GINGERICH, MERVIN</b>	
STREET ADDRESS	<b>1413 GILBERT AVENUE</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 00000</b>	

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MULLET, STANLEY</b>	
STREET ADDRESS	<b>1177 RUSSELL AVE.</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	

TITLE	<b>E</b>	<input type="checkbox"/> DELETE
NAME	<b>YODER, HENRY J.</b>	
STREET ADDRESS	<b>3407 TEAL AVE</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 00000</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, DANIEL</b>	
STREET ADDRESS	<b>RTE 10 BOX 3708</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 00000</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GINGERICH, LESTER J</b>	
STREET ADDRESS	<b>1025 HONORE AVE</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 00000</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, PERRY</b>	
STREET ADDRESS	<b>5433 BAHIA VISTA ST</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GINGERICH, MERVIN</b>	
1.3 STREET ADDRESS	<b>1570 GRABER ST.</b>	
1.4 CITY-ST-ZIP	<b>SARASOTA FL</b>	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>MILLER, DANIEL</b>	
4.3 STREET ADDRESS	<b>6830 RICHARDSON RD</b>	
4.4 CITY-ST-ZIP	<b>SARASOTA, FL</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Lester J. Gingerich* **Lester J. Gingerich** Feb. 9, 1998 941-329-9600

CR2E037 (10/97)