2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#715552

FILED Jan 21, 2009 Secretary of State

Entity Name: SUNNYSIDE MENNONITE CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 1001 HONORE AVE 1001 HONORE AVE. SARASOTA, FL 342323001 US SARASOTA, FL 342323003 US **Current Mailing Address: New Mailing Address:** 1001 HONORE AVE 1001 HONORE AVE SARASOTA, FL 342323001 US SARASOTA, FL 342323003 US FEI Number: 59-1233276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MULLET, STANLEY 1750 N. CATTLEMEN RD. SARASOTA, FL 34232 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SCHLABACH, STEVE, Name: Name: 2447 MCGUFFY CIRCLE Address: Address: City-St-Zip: SARASOTA, FL 34235 City-St-Zip: Title: () Delete Title: () Change () Addition MULLET, STANLEY Name: Name: Address: 1750 N. CATTLEMEN RD. Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: Title: () Delete Title: () Change () Addition GINGERICH, JASON M Name: Name: 4510 WORCESTER ROAD Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: YODER, BILL Name: Address: 6830 RICHARDSON RD Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: Title: () Delete Title: () Change () Addition GINGERICH, LESTER J, Name: Name: 1025 HONORE AVE Address: Address: City-St-Zip: SARASOTA, FL City-St-Zip: Title: () Delete Title: () Change () Addition MILLER, PERRY Name: Name: Address: 5433 BAHIA VISTA ST Address: SARASOTA, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LESTER J. GINGERICH PD 01/21/2009