


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723570** (8)

1. Corporation Name

**THE SUNSHINE CATHEDRAL METROPOLITAN COMMUNITY CH
URCH INC.**



Principal Place of Business 330 SW 27TH ST FT LAUDERDALE FL 33315	Mailing Address 330 SW 27TH ST FT LAUDERDALE FL 33315
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3. Date Incorporated or Qualified 06/01/1972
4. FEI Number 59-2200146
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**FORD, GRANT LYNN
330 SW 27TH ST.
FT. LAUDERDALE FL 33315**

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	
TITLE	SD <input type="checkbox"/> DELETE
NAME	LIPUMA, DONNA G
STREET ADDRESS	15810 NW 10 ST
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MOORE, KENNETH
STREET ADDRESS	210 FLORIDA AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	FORD, GRANT LYNN
STREET ADDRESS	330 S.W. 27TH STREET
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	TRASKELL, CHUCK
STREET ADDRESS	7331 NW 35TH COURT
CITY-ST-ZIP	LAUDERHILL FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HARRIS, KELLY
STREET ADDRESS	1401 NE 14TH ST.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ANDERSON, ROSEMARY
STREET ADDRESS	1246 SW 4 AVE
CITY-ST-ZIP	FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LIPUMA, DONNA G.
1.3 STREET ADDRESS	15810 NW 10 ST.
1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33028
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MOORE, KENNETH
2.3 STREET ADDRESS	210 FLORIDA AVE.
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TERI SOLIS
3.3 STREET ADDRESS	2740 S. OAKLAND FOREST DR., #11
3.4 CITY-ST-ZIP	OAKLAND PARK, FL 33009
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TRASKELL, CHUCK
4.3 STREET ADDRESS	7331 N.W. 35 CT.
4.4 CITY-ST-ZIP	LAUDERHILL, FL 33019
5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROBERTA D. SCHULER
5.3 STREET ADDRESS	5800 BRIARWOOD WAY
5.4 CITY-ST-ZIP	DAVIE, FL 33009
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WAYNE STAYTON
6.3 STREET ADDRESS	P.O. Box 4521 (STREET ADDRESS N/A)
6.4 CITY-ST-ZIP	HOLLYWOOD, FL 33083-4521

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

Robert D. Schuler

3/28/98

954-462-2004

CR2E037 (10/97)