

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90005 002 ****70.00

DOCUMENT # 723570

1. Entity Name
**THE SUNSHINE CATHEDRAL METROPOLITAN
COMMUNITY CHURCH INC.**



Principal Place of Business
**1480 SW 9TH AVE
FT LAUDERDALE, FL 33315**

Mailing Address
**1480 SW 9TH AVE
FT LAUDERDALE, FL 33315**

54071299

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08192004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2200146

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORD, GRANT LYNN
1480 SW 9TH AVE
FT LAUDERDALE, FL 33315**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, GRANT 1200 SW DAVID BLVD, APT D303 FT LAUDERDALE, FL 33315	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, KELLY 1401 NE 14TH ST FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAVAGNARO, MARIAN P.O. BOX 822824 PEMBROKE PINES, FL 330822824	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KARBAN, MICHAEL 261 NW 35TH STREET FT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGLINCHY, BERNIE 1000 SW 7TH AVENUE HALLANDALE, FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMORGES, AL 5920 NE 21ST WAY FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TREVOR STEWART 5252 NE 6th Avenue, Apt D OAKLAND PARK, FL 33334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TULLO, CATAN 70 NE 48th COURT FORT LAUDERDALE, FL 33334-1512	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TOM HERFORT 931 W. LAS OLAS BLVD FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JEAN 1610 N. 28th COURT HOLLYWOOD, FL 33020-2942	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROTTS, ALEX 2800 S. OAKLAND FOREST DR, APT 2202 OAKLAND PARK, FL 33309-5652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

48-30-04 *954-462-2004*
Date Daytime Phone #