2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

my

SIGNATURE AND TYPED OR PRINTS

SIGNATURE:

Apr 19, 2007 8:00 am Secretary of State **DOCUMENT #723570** 04-19-2007 90197 011 ****70.00 1. Entity Name THE SUNSHINE CATHEDRAL METROPOLITAN COMMUNITY CHURCH INC. Principal Place of Business Mailing Address quuoso-1480 SW 9TH AVE 1480 SW 9TH AVE FT LAUDERDALE, FL 33315 FT LAUDERDALE, FL 33315 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 01082007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2200146 Applied For City & State City & State Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FORD, GRANT LYNN Street Address (P.O. Box Number is Not Acceptable) 1480 SW 9TH AVE FT LAUDERDALE, FL 33315 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be \Box Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change TUTLE ☐ ∩elete FORD, GRANT NAME 1200 SW DAVID BLVD, APT D303 STREET ADDRESS STREET ADDRESS FT LAUDERDALE, FL 33315 CITY-ST-ZIP CITY-ST-7IP Delete VD TITLE ☐ Change Addition TITLE DAVID KING St HARRIS KELLY NAME NAME 5101 NE 15TH AVE #3 STREET ADDRESS STREET ADDRESS Fidel Booch, FL CITY-ST-ZIP FORT LAUDERDALE, FL 33334 CITY-ST-ZIP TITLE n ☐ Delete TITLE ☐ Change Addition BROWN, KEVIN NAME NAME 3351 SW 165 COURT STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33312 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete 🚾 TITLE Addition TITLE Anne Arwell KARBAN, MICHAEL NAME NAME 261 NW 35TH STREET STREET ADDRESS STREET ADDRESS audordale, fl CITY-ST-ZIP FT LAUDERDALE, FL 33312 CITY-ST-ZIP Delete TITLE ☐ Change Addition MLE BRODIE, CHRISTINA NAME NAME 61 NO 481 1811 SABAL PALM DRIVE #306 STREET ADDRESS STREET ADDRESS **DAVIE, FL 33324** CITY-ST-ZIF CITY-ST-ZIP Delete TITLE □ Change Addition TITLE LAMORGES, AL NAME NAME 4020 W PALM AIRE DRIVE #502 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33069 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

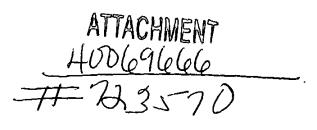
TOTO GRANT LYNN FORD, PASTOR, AS

CATHEDRAL MCC. INC.

NAME OF SIGNING OFFICER OPRESIDENT OF THE SUNSHINE

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Daytime Phone #



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