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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(3)

SUNSHINE LUTHERAN BRETHREN CHURCH, INC.

Principal Place of Business	Mailing Address
5330 WHIPPOORWILL DR HOLIDAY FL 34690	5330 WHIPPOORWILL DR HOLIDAY FL 34690-2143

FILED Mar 24 1997 8:00am Secretary of State



	e of Business	Mailing Address					
5330 WHIPPOORWILL DR HOLIDAY FL 34690		5330 WHIPPOORWILL DR HOLIDAY FL 34690-2143					
					3. Date Incorporated or Qualified 03/11/1976	3a. Date of Last 03/07/	Report 1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26			59-2276285		Not Applicable
Suite, Apt 1 22	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	Additional Required
City & State	}	City & State			6. Election Campaign Financing	\$5.0	O May Be
23		28			Trust Fund Contribution		d to Fees
Ζιρ	Country	Zip	Countr	У	8. This corporation has liability for	intangible tax dinder	s. 199.032,
24	25	29	30			Yes 🗹 No	
	Name and Address of Curren	l Registered Agent			19. Name and Address of New R	egistered Agent	
			∫B.	Name			
HEGGLA	ND, THOMAS		8:	Street	Address (P.O. Box Number is Not Accepta	ble)	
3047 FII			(0,,,,,,			
	TERBOROUGH		83				
	Y FL 34690		8	1		Tag Tag	- 00 40
1102.571			0	City		FL 85 Zi	p Code
11. Pursuarit t	a the provisions of Sections 617.050.	2 and 617.1508, Florida Status	es, the abo	ve-named	corporation submits this statement for the	purpose of changing	its registered
91 10 90illo	egistered agent, or both, in the State n familiar with, and accept the obliga	of Florida. Such change was	authorized t	by the corp	poration's board of directors. I hereby acce	ept the appointment a	as registered
Ü	it taithiat with and accept the obliga	mons of section of 1.0000, 11	onda otatott	20.			
SIGNATURE	Signature, by ed or derived hards of registered age	nt and life it soulcable (NO)	C. D. Charles			DATE	
	end to the children but the property on technicists take						
	OFFICERS ANI			gent signature	e raquired when rainstating) ADDITIONS/CHANGES TO OFFI		DRS IN 12
12.	OFFICERS AND) DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTO	
12.	PO		13, 1.1 TITLE		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTO	
12. TITLE NAME	PD HOLDALEN, REDAR) DIRECTORS	13, 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTO	
12. TITLE NAME STREET ADDRESS	PD HOLDALEN, REDAR 30450 JARVIS ST) DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STRE	ET ADDRESS	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTO	
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anison moderate opening in the principle of supplemental annual report is free and accurate and that my signature shall have the same legal effect as if made under of Lam an officer or director of the copyor action 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 of Block 12 of Block 12 or Block 12 or any attachment with an address.