


FILE NOW: FILING FEE IS \$61.25

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Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735231** (3)

1. Corporation Name

**SUNSHINE LUTHERAN BRETHERN CHURCH, INC.**

Principal Place 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 Report

**03/07/1996**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

**59-2276285**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEGGLAND, THOMAS  
3047 FINCH DR  
3040 PETERBOROUGH  
HOLIDAY FL 34690**

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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLDALLEN, REDAR</b>	
STREET ADDRESS	<b>30450 JARVIS ST</b>	
CITY - ST - ZIP	<b>HOLIDAY FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BJORBEKK, JANE</b>	
STREET ADDRESS	<b>3108 BLUEBIRD DR</b>	
CITY - ST - ZIP	<b>HOLIDAY FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>JENSEN, MARIE</b>	
STREET ADDRESS	<b>2061 CORONET DR.</b>	
CITY - ST - ZIP	<b>NEW PORT RICHEY, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HEGGLAND, RICHARD</b>	
STREET ADDRESS	<b>3040 PETERBOROUGH</b>	
CITY - ST - ZIP	<b>HOLIDAY, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HEGGLAND, THOMAS</b>	
STREET ADDRESS	<b>3047 FINCH DR</b>	
CITY - ST - ZIP	<b>HOLIDAY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RICHARD HEGGLAND</b>	
1.3 STREET ADDRESS	<b>3040 PETERBOROUGH</b>	
1.4 CITY - ST - ZIP	<b>HOLIDAY FL 34690</b>	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP	<b>34690</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<b>D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>REIDAR HOLDALLEN</b>	
4.3 STREET ADDRESS	<b>3045 JARVIS ST</b>	
4.4 CITY - ST - ZIP	<b>HOLIDAY FL 34690</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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

**Thomas Heggland**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/97**  
Date

**813-937-1749**  
Daytime Phone

0069120

CR2E037 (9/96)