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NONPROFIT CORPORATION

Feb 03 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 735231

DOCUMENT # (3)SUNSHINE LUTHERAN BRETHREN CHURCH, INC. Principal Place of Business Mailing Address 5330 WHIPPOORWILL DR 5330 WHIPPOORWILL DR 3. Date Incorporated or Qualified HOLIDAY FL 34690 HOLIDAY FL 34690 <u>03/11/1976</u> 4. FEI Number Applied For 59-2276285 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes | ₩ No Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes [V No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **HEGGLAND. THOMAS** Street Address (P.O. Box Number is Not Acceptable) 3047 FINCH DR 83 3040 PETERBOROUGH HOLIDAY FL 34690 84 City 85 Zip Code FL 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) 12. **OFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ■ Addition DELETE 1.1 TITLE Change TITLE HOLDALEN, REIDAR NAME 1.2 NAME 3045 JARVIS ST STREET ADDRESS 1.3 STREET ADDRESS HOLIDAY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE Change TITLE BJORBEKK, JANE NAME 2.2 NAME 3108 BLUEBIRD DR STREET ADDRESS 2.3 STREET ADDRESS HÖLIDAY FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE SD 3.1 TITLE ☐ Change JENSEN, MARIE NAME 3.2 NAME 2061 CORONET DR. 3.3 STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY, FL00000** CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE TITLE 4.1 TITLE Change HEGGLAND, RICHARD NAME 4.2 NAME 3040 PETERBOROUGH STREET ADDRESS 4,3 STREET ADDRESS HOLIDAY, FL 00000 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change & Addition NAME HEGGLAND, THOMAS 5.2 NAME STREET ADDRESS 3047 FINCH DR 5.3 STREET ADDRESS HOLIDAY FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 is runging mental 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 hanged not a tate mental price in a director. Block 12 or Block 13 if changed, of on

SIGNATURE:

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