

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90024 004 \*\*\*\*61.25

DOCUMENT # 735231

1. Corporation Name

SUNSHINE LUTHERAN BRETHREN CHURCH, INC.

Principal Place of Business

5330 WHIPPOORWILL DR  
HOLIDAY FL 34690

Mailing Address

5330 WHIPPOORWILL DR  
HOLIDAY FL 34690



\* 5 8 3 8 1 8 - 9 0 0 2 4 - 4 \*



1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
[ ]		26		03/11/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
[ ]		27		59-2276285	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
[ ]		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		[ ]	
[ ] 25		[ ] 29		[ ] 30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

1. 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

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDALEN, REIDAR	1.2 NAME	
STREET ADDRESS	3045 JARVIS ST	1.3 STREET ADDRESS	
CITY-STATE-ZIP	HOLIDAY FL	1.4 CITY-STATE-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, MARIE	2.2 NAME	
STREET ADDRESS	2061 CORONET DR.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW PORT RICHEY, FL00000	2.4 CITY-STATE-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGGLAND, RICHARD	3.2 NAME	
STREET ADDRESS	<del>3040 PETERBOROUGH</del>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<del>HOLIDAY, FL 00000</del>	3.4 CITY-STATE-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGGLAND, THOMAS	4.2 NAME	
STREET ADDRESS	3047 FINCH DR	4.3 STREET ADDRESS	
CITY-STATE-ZIP	HOLIDAY FL	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

4. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.30.99

727-937-1745

Date

Daytime Phone #

CR2E037 (1/98)