## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 735231**

FILED Jul 06, 2004 Secretary of State

Entity Name: SUNSHINE LUTHERAN BRETHREN CHURCH, INC.

,urrent Pi	rincipal Place	oi Busiliess.	New Principal Plac	e of Busiliess.
	PPOORWILL DI FL 34690	₹		
urrent M	ailing Address	<b>::</b>	New Mailing Addre	ess:
	PPOORWILL DI FL 34690	₹		
El Number:	59-2276285	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:
047 FINC	D, THOMAS H DR FL 34690			
,				
	named entity so of Florida.	ubmits this statement for the	ourpose of changing its register	red office or registered agent, or both
	of Florida.	ubmits this statement for the	ourpose of changing its register	red office or registered agent, or both
n the State	e of Florida. RE:	ubmits this statement for the plants that the plants the pl		red office or registered agent, or both  Date
n the State	e of Florida. RE:	c Signature of Registered Ag	ent	
n the State	e of Florida.  RE:  Electronic  S AND DIRECT	c Signature of Registered Ag ORS: Delete DAR	ent	Date
n the State BIGNATUF  DFFICERS  ittle: lame: .ddress:	e of Florida.  RE: Electronic  S AND DIRECT  D ()I  HOLDALEN, REI 3045 JARVIS ST  HOLIDAY, FL	c Signature of Registered Ag ORS: Delete DAR Delete NNIE	ent  ADDITIONS/CHANG  Title:  Name:  Address:	Date GES TO OFFICERS AND DIRECTO
n the State BIGNATUF  DFFICERS  ittle: lame: laddress: city-St-Zip: ittle: lame: lame: laddress:	Electronic  RE: Electronic  S AND DIRECT  D ()I  HOLDALEN, REI  3045 JARVIS ST  HOLIDAY, FL  T ()I  HOLDALEN, JEA  3045 JARVIS ST  HOLIDAY, FL 34	c Signature of Registered Ag FORS: Delete DAR Delete NNIE H690 Delete CHARD DR	ent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS HEGGELAND D 07/06/2004