

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735231

FILED
Jan 31, 2006
Secretary of State

Entity Name: SUNSHINE LUTHERAN BRETHREN CHURCH, INC.

Current Principal Place of Business:

5330 WHIPPOORWILL DR
HOLIDAY, FL 34690

New Principal Place of Business:

Current Mailing Address:

5330 WHIPPOORWILL DR
HOLIDAY, FL 34690

New Mailing Address:

FEI Number: 59-2276285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEGGLAND, THOMAS
3047 FINCH DR
HOLIDAY, FL 34690 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOLDALEN, REIDAR
Address: 4041 PASSPORT LN #206
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T () Delete
Name: HOLDALEN, JEANNE
Address: 4041 PASSPORT LN #206
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: PD () Delete
Name: HEGGLAND, RICHARD
Address: 6814 MILLSTONE DR
City-St-Zip: NEW PORT RICHEY, FL

Title: D () Delete
Name: HEGGELAND, THOMAS
Address: 3047 FINCH DR
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RICHARD HEGGLAND

PD

01/31/2006

Electronic Signature of Signing Officer or Director

Date