

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 768285 (9)**

1. Corporation Name

**SUN-N-FUN COMMUNITY CHURCH, INTERDENOMINATIONAL, INC.**

Principal Place of Business

**7125 FRUITVILLE RD  
SARASOTA FL 34240  
US**

Mailing Address

**SUN-N-FUN COMMUNITY CHURCH  
7125 FRUITVILLE RD  
7125 FRUITVILLE ROAD  
SARASOTA FL 34240  
US**



3. Date Incorporated or Qualified  
**05/05/1983**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2311647**

Applied For  
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☒ **\$5.00 May Be Added to Fees**

24

Country

29

Country

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

**KELLEY, RONALD D  
7125 FRUITVILLE RD  
SARASOTA FL 34240**

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

**Ronald D. Kelley**

**Ronald D. Kelley**

**2/4/96**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME **ACD  
BONAKER, DOROTHY E**  
STREET ADDRESS **7125 FRUITVILLE RD**  
CITY-ST-ZIP **SARASOTA FL**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
**SAME**

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME **CD  
LANGELAND, ROGER**  
STREET ADDRESS **7125 FRUITVILLE RD.**  
CITY-ST-ZIP **SARASOTA FL**

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
**SAME**

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME **TD  
KENDALL, MARY JANE**  
STREET ADDRESS **7125 FRUITVILLE RD**  
CITY-ST-ZIP **SARASOTA FL**

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
**SAME**

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME **ATD  
YOUNG, HELEN**  
STREET ADDRESS **7125 FRUITVILLE RD**  
CITY-ST-ZIP **SARASOTA FL**

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
**SAME**

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME **SD  
COWAN, ALICE**  
STREET ADDRESS **7125 FRUITVILLE RD**  
CITY-ST-ZIP **SARASOTA FL**

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
**SAME**

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME **MD  
KELLEY, RONALD D**  
STREET ADDRESS **7125 FRUITVILLE RD**  
CITY-ST-ZIP **SARASOTA FL**

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP  
**SAME**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**Mary Jane Kendall**

**MARY JANE KENDALL 2/4/96 941-371-4384**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)