

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 768285**

1. Entity Name

**SUN-N-FUN COMMUNITY CHURCH, INTERDENOMINATIONAL,****FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90051 003 \*\*\*\*61.25

0014479

Principal Place of Business

**7125 FRUITVILLE RD  
SARASOTA FL 34240  
US**

Mailing Address

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

000700JJ



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2311647**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

**Ronald D. Kelley****Ronald D. Kelley****8-31-01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ACD** **Deceased** ☒ DeleteNAME **HAIST, DR. WILLIAM**  
STREET ADDRESS **7125 FRUITVILLE RD**  
CITY-ST-ZIP **SARASOTA FL 34240**TITLE **CD** ☒ DeleteNAME **RAE, ROBERT**  
STREET ADDRESS **7125 FRUITVILLE RD.**  
CITY-ST-ZIP **SARASOTA FL 34240**TITLE **ATD** ☐ DeleteNAME **YOUNG, HELEN**  
STREET ADDRESS **7125 FRUITVILLE RD**  
CITY-ST-ZIP **SARASOTA FL 34240**TITLE **SD** ☐ DeleteNAME **STAMBOUGH, JOANNE**  
STREET ADDRESS **7125 FRUITVILLE RD**  
CITY-ST-ZIP **SARASOTA FL 34240**TITLE **MD** ☐ DeleteNAME **KELLEY, RONALD D**  
STREET ADDRESS **7125 FRUITVILLE RD**  
CITY-ST-ZIP **SARASOTA FL 34240**TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **ACD** ☐ Change ☐ AdditionNAME **Rae Robert**  
STREET ADDRESS **7125 Fruitville Rd**  
CITY-ST-ZIP **Sarasota FL 34240**TITLE **CD** ☐ Change ☒ AdditionNAME **Beaman Martie**  
STREET ADDRESS **7125 Fruitville Rd**  
CITY-ST-ZIP **Sarasota FL 34240**TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**DR. RONALD D. KELLEY**  
**DR. RONALD D. KELLEY****8-31-01**

CR2E037 (5/01)