2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#768285

FILED Jan 08, 2004 Secretary of State

Entity Name: SUN-N-FUN COMMUNITY CHURCH, INTERDENOMINATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business: 7125 FRUITVILLE RD SARASOTA, FL 34240 LIS **Current Mailing Address: New Mailing Address:** SUN-N-FUN COMMUNITY CHURCH SUN-N-FUN COMMUNITY CHURCH 7125 FRUITVILLE ROAD # 393 7125 FRUITVILLE ROAD 747 SARASOTA, FL 34240 SARASOTA, FL 34240 FEI Number: 59-2311647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KELLEY, RONALD D KELLEY, RONALD D PASTOR 7125 FRUITVILLE RD 7125 FRUITVILLE RD # 393 SARASOTA, FL 34240 US SARASOTA, FL 34240 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: DR. RONALD D. KELLEY 01/08/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: COB () Delete () Change () Addition FLUDE, RICK Name: Name: 7125 FRUITVILLE ROAD Address: Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: Title: CD () Delete Title: () Change () Addition SEAMAN, MARTIE Name: Name: Address: 7125 FRUITVILLE ROAD Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: Title: ATD () Delete Title: () Change () Addition YOUNG, HELEN Name: Name: Address: 7125 FRUITVILLE RD Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: Title: SOB () Delete Title: () Change () Addition Name: WHITED, BETTY Name: Address: 7125 FRUITVILLE RD Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: Title: MD () Delete Title: () Change () Addition KELLEY, RONALD D Name: Name: 7125 FRUITVILLE RD Address: Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: Title: () Delete Title: () Change () Addition SIGRIST, RICHARD Name: Name: Address: 7125 FRUITVILLE ROAD Address: SARASOTA, FL 34240 City-St-Zip: City-St-Zip:

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.

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