## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#768285** 

FILED Jan 09, 2006 Secretary of State

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

	Principal Place	of Business:	New Princi	pal Place of	Business:	
	JITVILLE RD TA, FL 34240	US				
Current N	Mailing Addres	s:	New Mailin	g Address:		
7125 FRL	UN COMMUNIT JITVILLE ROAD TA, FL 34240					
El Numbe	r: 59-2311647	FEI Number Applied For ( )	FEI Number Not Applic	able ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and A	Address of I	New Registered Agent:	
7125 FRU	RONALD D PAS JITVILLE RD # 3 TA, FL 34240					
	e named entity s te of Florida.	submits this statement for the pur	pose of changing its	registered o	office or registered agent, or both	
SIGNATU	IRE:					
	Electron	ic Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Fitle: Name: Address: City-St-Zip:	FLUDE, RICK 7125 FRUITVILI		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
itle: lame: .ddress:	SEAMAN, MART 7125 FRUITVILI	LE ROAD	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
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itle: lame: .ddress:	ATD () YOUNG, HELEN 7125 FRUITVILI SARASOTA, FL	Delete I LE RD	Title: Name: Address: City-St-Zip:	(	) Change()Addition	
itle: Jame: Address: City-St-Zip: Title: Jame: Address:	YOUNG, HELEN 7125 FRUITVILI SARASOTA, FL	Delete  LE RD  34240  Delete Y  LE RD	Title: Name: Address: City-St-Zip: Title: Name: Address:	·	() Change()Addition DLYN LLE RD	
City-St-Zip:  Title:  Jame:  J	YOUNG, HELEN 7125 FRUITVILI SARASOTA, FL SOB () WHITED, BETT 7125 FRUITVILI SARASOTA, FL	Delete I LE RD 34240  Delete Y LE RD 34240  Delete LD D	Title: Name: Address: City-St-Zip: Title: Name: Address:	SOB (X FLUDE, CARO 7125 FRUITVII SARASOTA, F	() Change()Addition DLYN LLE RD	

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: REV. RONALD D. KELLEY MD 01/09/2006