

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90034 050 ****61.25

DOCUMENT # N01000007643

1. Entity Name

SUNSHINE BAPTIST FELLOWSHIP, INC.



Principal Place of Business

WEST PINES BAPTIST CHURCH
4906 MALALEUCA LN
LAKE WORTH, FL 33463

Mailing Address

WEST PINES BAPTIST CHURCH
4906 MALALEUCA LN
LAKE WORTH, FL 33463

40004010



01092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1093335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, GARY
4237 4TH COURT
LANTANA, FL 33462

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SORBER, PAUL
STREET ADDRESS	4906 MELALEUCA LN
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	CD
NAME	PURCIL, J.O.
STREET ADDRESS	7831 S.E. 173 PANAROMA PL.
CITY-ST-ZIP	THE VILLAGES, FL 32162
TITLE	D
NAME	PIAT, RICK
STREET ADDRESS	1209 VALLEY HILL DR. WEST
CITY-ST-ZIP	LAKE LAND, FL 33813
TITLE	D
NAME	ALTMAN, DAVID
STREET ADDRESS	379 S. COMMERCE ST.
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	D
NAME	Osborne, Nathan
STREET ADDRESS	4333 Shadow wood way
CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-2008 561-963-9150