

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007643

FILED
Apr 16, 2009
Secretary of State

Entity Name: SUNSHINE BAPTIST FELLOWSHIP, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

GATEWAY BAPTIST CHURCH
2601 PARTIN SETTLEMENT RD.
KISSIMMEE, FL 34744

Current Mailing Address:

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

New Mailing Address:

GATEWAY BAPTIST CHURCH
2601 PARTIN SETTLEMENT RD.
KISSIMMEE, FL 34744

FEI Number: 65-1093335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, GARY
4237 4TH COURT
LANTANA, FL 33462 US

Name and Address of New Registered Agent:

LEAVITT, ROBERT
2231 JULIANNA CT.
ST. CLOUD, FL 34769 US

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: ROBERT LEAVITT

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SORBER, PAUL
Address: 4906 MELALEUCA LN
City-St-Zip: LAKE WORTH, FL 33463

Title: CD () Delete
Name: PURCIL, J.O.
Address: 7831 S.E. 173 PANAROMA PL.
City-St-Zip: THE VILLAGES, FL 32162

Title: D (X) Delete
Name: PIAT, RICK
Address: 1209 VALLEY HILL DR. WEST
City-St-Zip: LAKE LAND, FL 33813

Title: D (X) Delete
Name: ALTMAN, DAVID
Address: 379 S. COMMERCE ST.
City-St-Zip: SEBRING, FL 33870

Title: D (X) Delete
Name: OSBORNE, NATHAN
Address: 4333 SHADOW WOOD WAY
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change () Addition
Name: LEAVITT, ROBERT
Address: 2601 PARTIN SETTLEMENT RD.
City-St-Zip: KISSIMMEE, FL 34769

Title: PRES (X) Change () Addition
Name: OSBORNE, NATE
Address: 2140 CRYSTAL BEACH RD
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT LEAVITT

TREA

04/16/2009

Electronic Signature of Signing Officer or Director

Date