

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000006531

FILED
Jul 01, 2009
Secretary of State

Entity Name: SUNSHINE MINISTRIES INC.

Current Principal Place of Business:

1453 NE NORD CT.
ATTN: DEBORAH JONES
PLAM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

1453 NE NORD CT.
ATTN: DEBORAH JONES
PLAM BAY, FL 32905

New Mailing Address:

FEI Number: 42-1545533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, DEBORAH
1453 NE NORD CT.
PLAM BAY, FL 32905 US

Name and Address of New Registered Agent:

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: DEBORAH JONES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, DEBORAH EVANGEL
Address: 1453 NE NORD CT.
City-St-Zip: PLAM BAY, FL 32905

Title: VPD () Delete
Name: JONES, DAVID
Address: 1453 NE NORD CT.
City-St-Zip: PLAM BAY, FL 32905

Title: TD () Delete
Name: PINDER, ANNIE PASTOR
Address: 904 E. ALMOND BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: S () Delete
Name: THORNSBERRY, LAMAR MINISTE
Address: 925 HAAS AVE.
City-St-Zip: PALM BAY, FL 32907

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: PINDER, ANNIE PASTOR
Address: 904 E. ALMOND BLVD.
City-St-Zip: MELBOURNE, FL 32901

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

Title: TD () Change (X) Addition
Name: JONES, BRITTANY D
Address: 1744 SUMTER LANE
City-St-Zip: MELBOURNE, FL 32904

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: DEBORAH JONES

PD

07/01/2009

Electronic Signature of Signing Officer or Director

Date