

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006531

FILED  
Apr 30, 2012  
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:**

P.O. BOX 121776  
ATTN: DEBORAH JONES  
MELBOURNE, FL 32912

**New Mailing Address:**

**FEI Number:** 42-1545533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** JONES, DEBORAH PASTOR  
**Address:** 1453 NE NORD CT.  
**City-St-Zip:** PLAM BAY, FL 32905

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

**Title:** S  
**Name:** THORNSBERRY, LAMAR  
**Address:** 925 HAAS AVE  
**City-St-Zip:** PALM BAY, FL 32907

**Title:** TD  
**Name:** JONES, BRITTANY D  
**Address:** 1453 NE NORD COURT  
**City-St-Zip:** PALM BAY, FL 32905

I hereby 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 all other like empowered.

**SIGNATURE:** DEBORAH JONES

P

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date