


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90106 023 ****70.00

DOCUMENT # N03000004900 1. Entity Name NON DENOMINATIONAL WORSHIP, ISLAND IN THE SUN INC.					
Principal Place of Business 1001 STARKEY RD., #166 LARGO, FL 33771			Mailing Address 1001 STARKEY RD., #166 LARGO, FL 33771		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 11-3687326			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent AUSTIN, ROSEANNA 1001 STARKEY RD., #166 LARGO, FL 33771				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Roseanna Austin/secretary</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Roseanna M Austin</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>1-10-08</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, NORMAN 1001 STARKEY RD, #251 LARGO, FL 33771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ball, Tara 1001 Starkey Rd #155 Largo, FL 33771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, SERENA 1001 STARKEY RD LOT 257 LARGO, FL 33771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Stephens, Linda 1001 Starkey Rd #415 Largo, FL 33771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOODWANG, FRED 1001 STARKEY RD, # 323 LARGO, FL 33771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Noodwang, Fred 1001 Starkey Rd #323 Largo, FL 33771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AUSTIN, ROSEANNA 1001 STARKEY RD, #166 LARGO, FL 33771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McNally, William 1001 Starkey Rd #295 Largo, FL 33771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HITE, JUDY 1001 STARKEY RD LOT 312 LARGO, FL 33771	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDGOOD, DOUGLAS 442 TRINIDAD LANE LARGO, FL 33771	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <u>Roseanna M Austin/secretary</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Roseanna M Austin/secretary</u>		<u>1-10-08 727-535-5077</u> <small>Date Daytime Phone #</small>	