2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06883

FILED Apr 30, 2008 Secretary of State

Entity Name: SONSHINE BAPTIST CHURCH OF PORT CHARLOTTE, FLORIDA, INC.

Current Principal Place of Business:				New Pr	New Principal Place of Business:		
	TERAN BLVD. ARLOTTE, FL	33954	US				
Current N	lailing Address	s:		New Ma	lailing Address:		
	TERANS BLVD. ARLOTTE, FL		US				
FEI Number	: 59-2448321	FEI Nur	nber Applied For()	FEI Number Not A	Applicable () Certificate of Status Desired ()		
Name and	d Address of C	urrent F	Registered Agent:	Name a	and Address of New Registered Agent:		
	/ILLIAM K GS HWY #370 ARLOTTE, FL	33980	US				
	e named entity s e of Florida.	ubmits t	his statement for the p	purpose of changir	ing its registered office or registered agent, or both		
SIGNATUI	RE:						
	Electroni	c Signat	ture of Registered Ag	ent	Date		
OFFICER	S AND DIRECT	ORS:		ADDITI	IONS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	P () BALES, WILLIAN 2100 KIGNS WA PORT CHARLOT	Y., #370	3980	Title: Name: Address: City-St-Zi			
Title: Name: Address: City-St-Zip:	D () VIA, JEFF 6972 CROCK AV NORTH PORT, F			Title: Name: Address: City-St-Zi			
Title: Name: Address: City-St-Zip:	D () MICHEL, BILL 1228 HINTON ST PORT CHARLOT		3952	Title: Name: Address: City-St-Zi			
Title: Name: Address: City-St-Zip:	D () SHELENBERGE 1478 ST. GEOR PUNTA GORDA,	GE LN	3 US	Title: Name: Address: City-St-Zi			
Title: Name: Address: City-St-Zip:	TR () DYKEMAN, BRIA 20238 KINDERK PORT CHARLOT	(EMDC A		Title: Name: Address: City-St-Zi			
Title:	TR () LYNCH, SHAWN	Delete		Title: Name:	TR (X) Change () Addition SHARKEY, DAVID		

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: JEFF VIA D 04/30/2008