

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002685

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: SONSHINE MINISTRIES, INC.

## Current Principal Place of Business:

14795 SE 52 CT  
SUMMERFIELD, FL 34491

## New Principal Place of Business:

14795 SE 52ND CT.  
SUMMERFIELD, FL 34491

## Current Mailing Address:

14795 SE 52 CT  
SUMMERFIELD, FL 34491

## New Mailing Address:

P.O. BOX 720  
BELLEVIEW, FL 34421

FEI Number: 26-2186180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEHEW, GREGORY  
10160 SE 69 TERR  
BELLEVIEW, FL 34420 US

## Name and Address of New Registered Agent:

LYNN, PAMELA M  
12601 SW 8TH AVE.  
OCALA, FL 34473 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: PAMELA M. LYNN

02/19/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: HUNKUS, MICHAEL  
Address: 14795 SE 52 CT  
City-St-Zip: SUMMERFIELD, FL 34491

Title: DV ( ) Delete  
Name: KEMP, SANDY  
Address: 4810 SW 97 PLACE  
City-St-Zip: OCALA, FL 34476

Title: D ( ) Delete  
Name: MANNING, STEVE  
Address: 15004 SW 35 CIRCLE  
City-St-Zip: OCALA, FL 34473

Title: D (X) Delete  
Name: HALL, JIM  
Address: 5402 NW 65 STREET  
City-St-Zip: OCALA, FL 34473

Title: D (X) Delete  
Name: DAVIS, RH  
Address: 15431 SW 94 TERR  
City-St-Zip: SUMMERFIELD, FL 34491

Title: ST (X) Delete  
Name: LEHEW, GREGORY  
Address: 10160 SE 69 TERR  
City-St-Zip: BELLEVIEW, FL 34420

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HUNKUS, MICHAEL E  
Address: 14795 SE 52ND CT.  
City-St-Zip: SUMMERFIELD, FL 34491

Title: VP (X) Change ( ) Addition  
Name: BREWER, EDDIE R  
Address: 13583 SE 89TH TER. RD.  
City-St-Zip: SUMMERFIELD, FL 34491

Title: VP (X) Change ( ) Addition  
Name: HALL, JAMES R  
Address: 5402 NW 65TH ST.  
City-St-Zip: OCALA, FL 34482

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: PAMELA M. LYNN

RA

02/19/2009

Electronic Signature of Signing Officer or Director

Date