

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005660

FILED  
Mar 10, 2010  
Secretary of State

**Entity Name:** FLORIDA SUNSHINE CHAPTER OF THE NATIONAL ASSOCIATION OF CHURCH BUSINESS  
ADMINISTRATION, INC.

**Current Principal Place of Business:**

1510 W. HILLSBOROUGH AVE.  
TAMPA, FL 33603 US

**New Principal Place of Business:**

**Current Mailing Address:**

1510 W. HILLSBOROUGH AVE.  
TAMPA, FL 33603 US

**New Mailing Address:**

**FEI Number:** 30-0489553      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KATHY, WHITTENTON  
1510 W. HILLSBOROUGH AVE.  
TAMPA, FL 33603 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:** PRES  
**Name:** BULLIAN, AARON  
**Address:** 6202 N. HIMES AVE.  
**City-St-Zip:** TAMPA, FL 33614

**Title:** VP  
**Name:** VALDEBENITO, CHERYL  
**Address:** 4704 KELLY ROAD  
**City-St-Zip:** TAMPA, FL 33615

**Title:** SEC  
**Name:** FLEMING, VICKI DYEL  
**Address:** 960 W. LUTZ LAKE FERN RD.  
**City-St-Zip:** LUTZ, FL 33548

**Title:** TRES  
**Name:** WHITTENTON, KATHY  
**Address:** 1510 W HILLSBOROUGH AVE  
**City-St-Zip:** TAMPA, FL 33603

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: KATHERINE S. WHITTENTON

TRES

03/10/2010

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

\_\_\_\_\_  
Date