

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36780

FILED
Apr 28, 2009
Secretary of State

Entity Name: SUNNY ISLES CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

%MOSES C. FOO
18041 NW 22ND AVENUE
MIAMI, FL 33056

New Principal Place of Business:

%MOSES C. FOO
18041 NW 22ND AVENUE
MIAMI GARDENS, FL 33056

Current Mailing Address:

%MOSES C. FOO
18041 NW 22ND AVENUE
MIAMI, FL 33056

New Mailing Address:

%MOSES C. FOO
18041 NW 22ND AVENUE
MIAMI GARDENS, FL 33056

FEI Number: 65-0173622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOO, MOSES C PD
19241 NW 6 CT
MIAMI, FL 33169 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 () Delete
Name: FOO, MOSES C.
Address: 18041 NW 22ND AVE.
City-St-Zip: MIAMI, FL 33056 MI

Title: TD () Delete
Name: BAILEY, GRACE
Address: 18041 NW 22ND AVE.
City-St-Zip: MIAMI, FL 33056

Title: SD () Delete
Name: FOO, SHIRLEY
Address: 18041 NW 22ND AVE
City-St-Zip: MIAMI, FL 33056

Title: T () Delete
Name: LETTMAN, MARIA
Address: 18041 NW 22 AVE
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MOSES C. FOO

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date