


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N40195 1. Entity Name SUNNYBROOK ALLIANCE CHURCH, INC.	
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Principal Place of Business 6401 SUNNYBROOK BLVD. ENGLEWOOD, FL 34224	Mailing Address 6401 SUNNYBROOK BLVD. ENGLEWOOD, FL 34224
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04242008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0257240	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EVERT, TIMOTHY 7060 LAURETTA ST. ENGLEWOOD, FL 34224
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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	000000925490 05/20/08-80028-012 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T EVERT, SUSAN 7060 LAURETTA ST. ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EVERT, TIM 7060 LAURETTA ST. ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GABRIELE, JOSEPH B 44 SPORTSMEN PLACE ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Susan Evert Susan Evert 4-26-08 9414755278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #