

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48164

FILED
Apr 13, 2007
Secretary of State

Entity Name: SUNSHINE OUT-REACH MINISTRIES, INC.

Current Principal Place of Business:

16313 SW 103 ST
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 081103
HALLANDALE, FL 33008 US

New Mailing Address:

P.O. BOX 1971
HALLANDALE, FL 33009 US

FEI Number: 65-0323096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, SUNSHINE
10810 NW 26 AVENUE
MIAMI, FL 33167 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: D () Delete
Name: JONES, SUNSHINE
Address: 10810 NW 26TH AVE
City-St-Zip: MIAMI, FL 33167

Title: SD () Delete
Name: DALEY, DEAN
Address: 16314 SW 103RD CT
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: HANNA, OLIVIA
Address: 10810 NW 26 AVE
City-St-Zip: MIAMI, FL 33168

Title: () Delete
Name:
Address:
City-St-Zip:

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: V () Change (X) Addition
Name: MASHACK, ALPHA
Address: 2376 NW 104 TERRANCE
City-St-Zip: MIAMI, FL 33147

I hereby certify that the information supplied with this filing does not qualify for the 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: SUNSHINE JONES

D

04/13/2007

Electronic Signature of Signing Officer or Director

Date