

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000000564 (5)**

1. Corporation Name

SONSHINE GOSPEL MINISTRIES INC.



Principal Place of Business

**18951 U.S. 301 NORTH
DADE CITY FL 33525**

Mailing Address

**13641 S. 14TH ST
DADE CITY FL 33525**

3. Date Incorporated or Qualified
02/09/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 18951 U.S. 301 NORTH

26 13641 S. 14TH STREET

4. FEI Number

59-3238910

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.
22 N/A

Suite, Apt. #, etc.
27 N/A

City & State
23 DADE CITY, FL

City & State
28 DADE CITY, FL

Zip
24 33525

Country
25 U.S.

Zip
29 33525

Country
30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEPHENS, SAMMIE
13641 S. 14TH ST.
DADE CITY FL 33525**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **BRUSH, JERALD A JR**
STREET ADDRESS **12924 JUDY ST.**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **D** ☐ DELETE
NAME **BRUSH, KIMBERLY E**
STREET ADDRESS **12924 JUDY ST.**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **D** ☐ DELETE
NAME **RIVERA, JULIO**
STREET ADDRESS **37330 SAFARI DR**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **D** ☐ DELETE
NAME **SHELROWN, ROSE MARIE**
STREET ADDRESS **39845 SUNBURST DR.**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **D** ☐ DELETE
NAME **SERANO, DAVID**
STREET ADDRESS **420 WEST OAKRIDGE RD**
CITY-ST-ZIP **ORLANDO FL 30982**

TITLE **D** ☐ DELETE
NAME **ZAYAS, RALPH**
STREET ADDRESS **16030 CIEFTAN DR**
CITY-ST-ZIP **DADE CITY FL 33525**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V.P.** ☐ Change ☒ Addition
1.2 NAME **JORGE OLIVERA**
1.3 STREET ADDRESS **37327 SAFARI DRIVE**
1.4 CITY-ST-ZIP **DADE CITY, FL. 33525**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jerald A. Brush Jr.

JERALD A. BRUSH JR. 04-27-96

(352)567-6599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)