


FILE NOW: FILING FEE IS \$61.25

FILED

Oct 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US	Mailing Address 13641 S 14TH STREET DADE CITY FL 33525 US
--	---

2. Principal Place of Business 21 13641 S. 14th St. Suite, Apt. #, etc. 22 City & State 23 Dade City, FL Zip 24 33525 Country 25 U.S.	2a. Mailing Address 26 13641 S. 14th St. Suite, Apt. #, etc. 27 City & State 28 Dade City, FL Zip 29 33525 Country 30 U.S.
---	--

8. Name and Address of Current 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 85 Zip Code FL
---	---

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	
NAME	JORGE OLIVERA	1.2 NAME	
STREET ADDRESS	37327 SAFARI DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BRUSH, KIMBERLY E	2.2 NAME	
STREET ADDRESS	12924 JUDY ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	RIVERA, JULIO	3.2 NAME	
STREET ADDRESS	37330 SAFARI DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	SHELTROWN, ROSE MARIE	4.2 NAME	
STREET ADDRESS	39845 SUNBURST DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	ZAYAS, RALPH	5.2 NAME	
STREET ADDRESS	18030 CIEFTAN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: 10/27/98

CR2E037 (10/97)