

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000000564

FILED
Sep 10, 2003
Secretary of State

Entity Name: SONSHINE GOSPEL MINISTRIES INC.

Current Principal Place of Business:

12924 JUDY STREET
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

13641 S. 14TH STREET
DADE CITY, FL 33525 US

New Mailing Address:

FEI Number: 59-3238910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENS, SAMMIE
13641 S. 14TH ST.
DADE CITY, FL 33525 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: P () Delete
Name: BRUSH, JERALD A JR.
Address: 12924 JUDY STREET
City-St-Zip: DADE CITY, FL 33525

Title: VP () Delete
Name: OLIVERA, JORGE
Address: 37327 SAFARI DRIVE
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: BRUSH, KIMBERLY
Address: 12924 JUDY STREET
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: SHELROWN, ROSE MARIE
Address: 39845 SUNBURST DR.
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: PARDEE, DEAN PATRICK
Address: 39845 SUNBURST DR.
City-St-Zip: DADE CITY, FL 33525

Title: S () Delete
Name: FILLMORE, JOAN
Address: 38435 EVERGREEN VILLAGE DR. #7
City-St-Zip: ZEPHYRHILLS, FL 33540

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
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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 for the exemption stated in Section 119.07(3)(i), 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: JERALD BRUSH

P

09/10/2003

Electronic Signature of Signing Officer or Director

Date