

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000001758

1. Entity Name
SONSHINE BIBLE COLLEGE, INC.



Principal Place of Business
**6111 South Point Blvd.
Ft. Myers, FL 33919**

Mailing Address
**5746 MARLIN ROAD
SUITE 500
CHATTANOOGA, TN 37411**



01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0736004

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEMOLA, DAVID T
6111 SOUTH POINT BLVD.
FT MYERS, FL 33919**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000016443
01/28/04-80056-006 70.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEMOLA, DAVID T
STREET ADDRESS	6111 SOUTH POINT BLVD.
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	D
NAME	HANEY, PHILIP S
STREET ADDRESS	1437 S. BOULDER, STE. 1050
CITY-ST-ZIP	TULSA, OK 741193616
TITLE	TD
NAME	CHITWOOD, H. MICHAEL
STREET ADDRESS	5746 MARLIN RD SUITE 500
CITY-ST-ZIP	CHATTANOOGA, TN 374114009
TITLE	S
NAME	NATALE, LEO
STREET ADDRESS	6111 SOUTH POINT BLVD.
CITY-ST-ZIP	FT MYERS, FL 33919
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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #