2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# N97000001758

Entity Name: SONSHINE BIBLE COLLEGE, INC.

Current Principal Place of Business:

5746 MARLIN ROAD
SUITE 500
CHATTANOOGA, TN 37411

New Principal Place of Business:

Current Mailing Address:

5746 MARLIN ROAD
SUITE 500
CHATTANOOGA, TN 37411

New Mailing Address:

FEI Number: 65-0736004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEMOLA, DAVID T
6111 SOUTH POINT BLVD.
FT MYERS, FL 33919 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:	PD	( ) Delete
Name:	DEMOLA, DAVID T	
Address:	6111 SOUTH POINT BLVD.	
City-St-Zip:	FT MYERS, FL 33919	
Title:	D	( ) Delete
Name:	HANEY, PHILIP S	
Address:	1437 S. BOULDER, STE. 1050	
City-St-Zip:	TULSA, OK 741193616	
Title:	TD	( ) Delete
Name:	CHITWOOD, H. MICHAEL	
Address:	5746 MARLIN RD SUITE 500	
City-St-Zip:	CHATTANOOGA, TN 374114009	
Title:	S	( ) Delete
Name:	NATALE, LEO	
Address:	6111 SOUTH POINT BLVD.	
City-St-Zip:	FT MYERS, FL 33919	

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
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 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: DAVID T DEMOLA PRES 01/04/2007

Electronic Signature of Signing Officer or Director — Date