2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000000158

1. Entity Name
SUNSHINE HOLINESS CHURCH/FELLOWSHIP MINISTRIES, INC.

Principal Place of Business	Mailing Address
1215 MARTIN LUTHER KING BLVD. GREEN COVE SPRINGS, FL 32043	1743 MILLER ST ORANGE PARK, FL 32073

07082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3673406
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NEWMAN, JOHN
1743 MILLER ST
ORANGE PARK, FL 32073

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DAT
NAME	COTTON, ANTHONY
STREET ADDRESS	1216 MARTIN LUTHER KING BLVD.
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	DS
NAME	JOHNSON, ROSLAIND
STREET ADDRESS	1009 MARTIN LUTHER KING BLVD.
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	T
NAME	JOHNSON, RUTH Y
STREET ADDRESS	637 PINE ST.
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32048
TITLE	T
NAME	SIMEON, LISA
STREET ADDRESS	7845 CATSKILL CT
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	DT
NAME	ROBINSON, TANA
STREET ADDRESS	1420 SPRUCE STREET
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	T
NAME	BRISTER, CYNTHIA N
STREET ADDRESS	1743 MILLER ST.
CITY-ST-ZIP	ORANGE PARK, FL 32073

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08/23/04-80008-004 61.25

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: John Newman 8/15/04 904-264-9370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #