# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 09, 2005 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.<br>GREEN COVE SPRINGS, FL 32043 | 1743 MILLER ST<br>ORANGE PARK, FL 32073 |

DO NOT WRITE IN THIS SPACE

04272005 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 May 1, 2005**

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 |

U00000365196
05/09/05-80023-012 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 4-27-05 904-264-9370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #