2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2007 8:00 am
Secretary of State
09-06-2007 90009 004 ****61.25

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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

09032007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
NEWMAN, JOHN 1743 MILLER ST ORANGE PARK, FL 32073	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 September 14, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAT COTTON, ANTHONY 1216 MARTIN LUTHER KING BLVD. GREEN COVE SPRINGS, FL 32043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T West, LONNIE 113 Zachary Dr. N. Jacksonville, FL 32218	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS JOHNSON, ROSLAIND 1009 MARTIN LUTHER KING BLVD. GREEN COVE SPRINGS, FL 32043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JONES Robert 7310 Wilder Ave Jacksonville, FL 32218	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNSON, RUTH Y 637 PINE ST. GREEN COVE SPRINGS, FL 32043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SIMEON, LISA ~~2775 SAMARA~~ CT. GREEN COVE SPRINGS, FL 32043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Simeon Lisa 3607 Double Branch Lane Orange Park FL 32073	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ROBINSON, TANA ~~1420 SPRUCE STREET~~ GREEN COVE SPRINGS, FL 32043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Robinson Tana 1609 Spruce St. Green Cove Springs FL 32043	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRISTER, CYNTHIA N 1743 MILLER ST. ORANGE PARK, FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 / JOHN NEWMAN 9/2/07 904-2649370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #