

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000000158 1. Entity Name SUNSHINE HOLINESS CHURCH/FELLOWSHIP MINISTRIES, INC.	
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FILED
Sep 10, 2008 08:00 AM
Secretary of State

Principal Place of Business 1215 MARTIN LUTHER KING BLVD. GREEN COVE SPRINGS, FL 32043	Mailing Address 1743 MILLER ST ORANGE PARK, FL 32073
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07222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3673406	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NEWMAN, JOHN 1743 MILLER ST ORANGE PARK, FL 32073
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**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 re-registering) DATE

Filing Fee is \$61.25
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT COTTON, ANTHONY 1216 MARTIN LUTHER KING BLVD. GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOHNSON, ROSLAIND 1009 MARTIN LUTHER KING BLVD. GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, RUTH Y 637 PINE ST. GREEN COVE SPRINGS, FL 32048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMEON, LISA 3607 DOUBLE BRANCH LANE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROBINSON, TANA 1609 SPRUCE ST GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRISTER, CYNTHIA N 1743 MILLER ST. ORANGE PARK, FL 32073

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09/10/08-80003-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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

8/25/08

904-264-9370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #