

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR 27 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 198000002409

1. Corporation Name

SON SHINE CHRISTIAN FELLOWSHIP OF JACKSONVILLE,
FLA., INC.

Principal Place of Business

Mailing Address

% GARY P. MALLINSON
3091 STRATTON ROAD
JACKSONVILLE FL 32221

% GARY P. MALLINSON
3091 STRATTON ROAD
JACKSONVILLE FL 32221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1996

4. FEI Number

59-3412642

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALLINSON, GARY P
3091 STRATTON ROAD
JACKSONVILLE FL 32221

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

GARY P. MALLINSON

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

GARY P. MALLINSON

2-11-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME MALLINSON, GARY P
STREET ADDRESS 3091 STRATTON ROAD
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☒ DELETE
NAME MALLINSON, PORTIA
STREET ADDRESS 3091 STRATTON ROAD
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ DELETE
NAME MALLINSON, GEORGE
STREET ADDRESS 2007 BRAQUE COURT
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

7184 PATIENCE CT
JACKSONVILLE, FL 32222
☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

TREASURER
TERRI L. MILLER
275 MANSON LANE
JACKSONVILLE FL 32220
☐ Change ☒ Addition

☐ Change ☐ Addition

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14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in
Block 12 or Block 13 as changed, or in an attachment with an address.

SIGNATURE GARY P. MALLINSON

GARY P. MALLINSON

CR2E034 (10/97)