

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000158

Entity Name: SUNSHINE HOLINESS CHURCH/FELLOWSHIP MINISTRIES, INC.**FILED**
Apr 10, 2014
Secretary of State
CC8772057259**Current Principal Place of Business:**1215 MARTIN LUTHER KING BLVD.
GREEN COVE SPRINGS, FL 32043**Current Mailing Address:**1743 MILLER ST
ORANGE PARK, FL 32073**FEI Number: 59-3673406****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NEWMAN, JOHN
1743 MILLER ST
ORANGE PARK, FL 32073 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DAT
Name	COTTON, ANTHONY
Address	1216 MARTIN LUTHER KING BLVD.
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	DS
Name	JOHNSON, ROSLAIND
Address	1009 MARTIN LUTHER KING BLVD.
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	T
Name	JOHNSON, RUTH Y
Address	637 PINE ST.
City-State-Zip:	GREEN COVE SPRINGS FL 32048

Title	T
Name	SIMEON, LISA
Address	1550 SLASH PINE CT
City-State-Zip:	ORANGE PARK FL 32073

Title	DT
Name	ROBINSON, TANA
Address	1609 SPRUCE ST
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	T
Name	BRISTER, CYNTHIA N
Address	1743 MILLER ST.
City-State-Zip:	ORANGE PARK FL 32073

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA SIMEON**TRUSTEE****04/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date