

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Mathew
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 PM 4:19

DOCUMENT # 736357 (5)

1. Corporation Name

SUNSHINE STATE CHRISTIAN HOMES, INC.

Principal Place of Business Mailing Address
5250 WHIPPOORWILL DRIVE 5250 WHIPPOORWILL DRIVE
HOLIDAY FL 34690 HOLIDAY FL 34690

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 07/12/1976 3a. Date of Last Report 02/22/1994
4. FEI Number 51-0205101 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
POWERS, DONALD
5250 WHIPPOORWILL DRIVE
HOLIDAY FL 33590

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HOWARD, OWEN
STREET ADDRESS	150 WEST MEMORIAL DR
CITY - ST - ZIP	HOMOSASSA SPGS, FL 00000
TITLE	D
NAME	MOORE, CA
STREET ADDRESS	4845 SHELL STREAM ROAD
CITY - ST - ZIP	NEW PORT RICHEY, FL 00000
TITLE	VPD
NAME	GODDARD, MARGE
STREET ADDRESS	511 LAKESHORE DR
CITY - ST - ZIP	EUSTIS, FL 00000
TITLE	D
NAME	HOUGHLAND, KENNETH
STREET ADDRESS	520 BAHIA TRACK RUN
CITY - ST - ZIP	OCALA, FL 00000
TITLE	DS
NAME	BANTA, PAUL
STREET ADDRESS	1123 INDIGO RD.
CITY - ST - ZIP	ORMOND BCH. FL
TITLE	D
NAME	LIVINGSTON, PAUL
STREET ADDRESS	5232 WHIPPOORWILL DR
CITY - ST - ZIP	HOLIDAY, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(c), 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 in person, 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Suzanne Lemon* Treasurer 2-22-95
(NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Day/Month/Year

SUNSHINE STATE CHRISTIAN HOMES, INC.

5250 WHIPPOORWILL DRIVE

HOLIDAY, FLORIDA 34690

(813) 934-8052

(813) 938-7193

ADDITIONAL OFFICERS OF THE BOARD

Gerri Lemon SD
320 Colonial Blvd.
Palm Harbor, FL 34684

Clyde E. Shearer D
6735 Oswego Drive
Mt. Dora, FL 32757

Clifton Jones D
2032 Sussek Road
Winter Park, FL 32792

Evelyn Aumuller D
2133 Poinciana Drive
Clearwater, FL 34620