

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 736357 (5)
1. Corporation Name
SUNSHINE STATE CHRISTIAN HOMES, INC.



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

3. Date Incorporated or Qualified **07/12/1976** 3a. Date of Last Report **02/28/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 51-0205101	Applied For			
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required			
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees			
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POWERS, DONALD 5250 WHIPPOORWILL DRIVE HOLIDAY FL 33590				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	State	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *John A. Peterson* **John A. Peterson, Administrator 1/25/96**
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, OWEN	1.2 NAME	error
STREET ADDRESS	150 WEST MEMORIAL DR	1.3 STREET ADDRESS	no change
CITY-ST-ZIP	HOMOSSASSA SPGS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD MOORE, CA	2.2 NAME	
STREET ADDRESS	4845 SHELL STREAM ROAD	2.3 STREET ADDRESS	5522 Hereford Drive
CITY-ST-ZIP	NEW PORT RICHEY, FL00000	2.4 CITY-ST-ZIP	34656
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD GODDARD, MARGE	3.2 NAME	
STREET ADDRESS	511 LAKESHORE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS, FL 00000	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HOUGHLAND, KENNETH	4.2 NAME	
STREET ADDRESS	520 BAHIA TRACK RUN	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 00000	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DS BANTA, PAUL	5.2 NAME	
STREET ADDRESS	1123 INDIGO RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH. FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LIVINGSTON, PAUL	6.2 NAME	retired/no longer a director
STREET ADDRESS	5232 WHIPPOORWILL DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY, FL 00000	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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *C.A. Moore* **C.A. Moore, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)

**SUNSHINE STATE CHRISTIAN HOMES, INC.
BOARD MEMBERS**

C.A. MOORE - CHAIRMAN
5522 Hereford Drive
New Port Richey, FL 34655

(813) 376-7892

MARGE GODDARD-BLOCKEL - VICE CHAIRMAN
511 Lakeshore Drive
Eustis, FL 32762

(904) 483-2434

PAUL BANTA - SECRETARY
1123 Indigo Road
Ormond Beach, FL 32174

(904) 255-0561 hm.
(904) 673-6785 wk.

GERRI LEMON - TREASURER
320 Colonial Blvd.
Palm Harbor, FL 34684

(813) 784-9236

OWEN HOWARD
P.O. Box 1044
Homosassa Springs, FL 34447

(904) 628-4122

KEN HOUGHLAND
520 Bahia Track Run
Ocala, FL 34472-2633

(904) 687-0662

CLYDE E. SHEARER
6735 Oswego Drive
Mt. Dora, Fl. 32757

(904) 383-5288 wk.
(904) 383-1186 hm.

CLIFTON JONES
2032 Sussek Rd.
Winter Park, FL 32792

(407) 678-1018

EVELYN AUMULLER
2133 Poinciana Drive
Clearwater, FL 34620

(813) 531-3465

JAMES PIERSOL
5212 Peacock Drive
Holiday, FL 34690

(813) 934-2458

BUDDY SARNO
4240 Revere Ct
New Port Richey, FL

(813) 376-0467