


**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90043 028 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 736357</b> 1. Corporation Name <b>SUNSHINE STATE CHRISTIAN HOMES, INC.</b>		
Principal Place of Business 5250 WHIPPOORWILL DRIVE HOLIDAY FL 34690	Mailing Address 5250 WHIPPOORWILL DRIVE HOLIDAY FL 34690	



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 07/12/1976	4. FEI Number 51-0205101 Applied For <input type="checkbox"/> Not Applicable
9. Name and Address of Current Registered Agent <b>PETERSON, JOHN A</b> 10912 LIVINGSTON DRIVE NEW PORT RICHEY FL 34654		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 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**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, OWEN	1.2 NAME	
STREET ADDRESS	150 WEST MEMORIAL DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA SPGS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, CA	2.2 NAME	
STREET ADDRESS	5522 HEREFORD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODDARD, MARGE	3.2 NAME	
STREET ADDRESS	511 LAKESHORE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUGHLAND, KENNETH	4.2 NAME	PD
STREET ADDRESS	520 BAHIA TRACK RUN	4.3 STREET ADDRESS	SHEARER, CLYDE E.
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	6735 Oswego Drive
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	MT. DORA, FL 32757 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Complete list of directors	6.2 NAME	
STREET ADDRESS	attached.	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address, with all other like empowered.

**SIGNATURE:** *Paul J. Banta* **NO SIGNATURE REQUIRED** (727) 934-8052  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date  
*Paul J. Banta, Secy.* (727) 939-1281  
 Signature and Phone #

CR2E037 (1/98)

3635

~~XXXXXXXXXXXXXXXXXXXX~~  
273924-90064-47  
+36357

SUNSHINE STATE CHRISTIAN HOMES, I  
BOARD MEMBERS

CLYDE E. SHEARER - CHAIRMAN

6735 Oswego Drive  
Mt. Dora, Fl. 32757

(904) 383-5281

(904) 383-118

FAX: (352) 383-5948

MARGE GODDARD-BLOCKEL - VICE CHAIRMAN

511 Lakeshore Drive  
Eustis, FL 32726

(352) 483-2434

PAUL BANTA - SECRETARY

5206 Peacock Drive  
Holiday, FL 34690

(727) 939-1281.

GERRI LEMON - TREASURER

320 Colonial Blvd.  
Palm Harbor, FL 34684

(727) 784-9236

~~C.A. MOORE~~

~~5522 Hereford Drive  
New Port Richey, FL 34655~~

~~(727) 376-7892~~

OWEN HOWARD

P.O. Box 1044  
Homosassa Springs, FL 34447

(352) 628-4122

KEN HOUGHLAND

520 Bahia Track Run  
Ocala, FL 34472-2633

(352) 687-0662

CLIFTON JONES

2032 Sussek Rd.  
Winter Park, FL 32792

(407) 678-1018

EVELYN AUMULLER

2133 Poinciana Drive  
Clearwater, FL 34620

(727) 531-3465