2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005726

FILED Jan 22, 2009 Secretary of State

Entity Name: THE SUNSHINE STATE PAPILLON CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 2633 PICKETT DOWNS DR OVIEDO, FL 32766 **Current Mailing Address: New Mailing Address:** 2633 PICKETT DOWNS DR OVIEDO, FL 32766 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PICKETT, ANGELA 2633 PICKETT DOWNS DR OVIEDO, FL 32766 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PICKETT, ANGELA Name: Name: 2633 PICKET DOWN DRIVE Address: Address: City-St-Zip: CHULUOTA, FL 32766 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: TEDFORD, ROBERTA Name: CZECH, ARLENE Address: 1100 BELKTON AVE NW Address: 778 99TH AVE N City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: NAPLES, FL 34108 Title: () Delete Title: () Change () Addition JO KORPI, MARY Name: Name: 778 99TH AVE N Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KONCEL, LAURA Name: 736 CARMEN DR Address: Address: City-St-Zip: LAKE HELEN, FL 32744 City-St-Zip: Title: () Delete Title: (X) Change () Addition KENDRA, SUE SPRINGER, CYNTHIA Name: Name: 3817 NICHOLAS STREET 532 S COUNTRY CLUB RD Address: Address: City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: ATLANTIS, FL 33462 Title: () Delete Title: (X) Change () Addition CZECH, ARLENE LORI, LANDIS Name: Name: Address: 778 99TH AVENUE N Address: 8697 134TH ST NAPLES, FL 34108 SEMINOLE, FL 33776 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANGELA PICKETT P 01/22/2009