

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008989

FILED
Sep 03, 2008
Secretary of State

Entity Name: OPERATION SUNFLOWER, INC.

Current Principal Place of Business:

12129 SW 11TH CT
BLDG 56
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

12129 SW 11TH CT
BLDG 56
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 20-2054039 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JADOTTE, SUZETTE
12129 SW 11TH CT
BLDG 56
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: BROWN, ADRIENNE
Address: 9313 WEST VOGEL AVE
City-St-Zip: PEORIA, AZ 85345 US

Title: V () Delete
Name: OTERO, BEVERLY
Address: 7388 SIK DEER WAY
City-St-Zip: FT. MYERS, FL 33912 US

Title: S () Delete
Name: ELLIOTT, KATHERYN M
Address: 5052 HAMPSHIRE DR.
City-St-Zip: FAYETTEVILLE, NC 28311 US

Title: D () Delete
Name: JULES, LEONARD
Address: P.O. BOX 9022
City-St-Zip: LOS ANGELES, CA 90009 US

Title: T () Delete
Name: GIBBENS, DONAVON A
Address: 3637 WESTOVER RD.
City-St-Zip: WESTOVER, AL 35147 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: N () Change (X) Addition
Name: NO MORE DIRECTORS,
Address: THE ADDRESS IS BLANK
City-St-Zip: NO CITY, FL 33025 US

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: BROWN, ADRIENNE

P

09/03/2008

Electronic Signature of Signing Officer or Director

Date