

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006853

FILED
May 01, 2009
Secretary of State

Entity Name: SISTERHOOD OF THE SUNSHINE SURVIVORS FOUNDATION, INC.

Current Principal Place of Business:

1964 BAYSHORE BLVD.
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1964 BAYSHORE BLVD.
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 26-4150966 **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:

CIANFRONE, JOSEPH R
1964 BAYSHORE BLVD.
DUNEDIN, FL 34698 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: PD () Delete
Name: FURLAN, SUSAN
Address: 1031 WINDRIDGE OAKS DR.
City-St-Zip: PALM HARBOR, FL 34684

Title: VD () Delete
Name: GETZ, ROBERTA
Address: 1436 SEAGULL DR., APT. 212
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: RICHNO, DONNA
Address: 2692 CEDARBROOKE DR.
City-St-Zip: PALM HARBOR, FL 34684

Title: TD () Delete
Name: NASTASI, CARMELA
Address: 339 BAY ARBOR BLVD.
City-St-Zip: OLDSMAR, FL 34677

Title: SD () Delete
Name: CIANFRONE, ADELE B
Address: 848 HILLSIDE DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: KING, PAULA
Address: 3231 PINE FOREST DR.
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: GETZ, ROBERTA
Address: 1485 DUNDEE DRIVE
City-St-Zip: PALM HARBOR, FL 34684

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:

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: ADELE CIANFRONE

SEC

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date