

**2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N08000006853

**FILED**  
**Oct 13, 2010**  
**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 ( )**

**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: JOSEPH R. CIANFRONE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GETZ, ROBERTA  
Address: 1485 DUNDEE DRIVE  
City-St-Zip: PALM HARBOR, FL 34684

Title: VD  
Name: AUGAITIS, GAYLE  
Address: 1616 SHADY OAKS DRIVE  
City-St-Zip: OLDSMAR, FL 34677

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERTA GETZ

PD

10/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date