2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90116 035 ****70.00

DOCUMENT # N94000000623

1. Entity Name
SUNSHINE AIREDALERS OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
4335 SW HONEY TER PALM CITY, FL 34990	4335 SW HONEY TER PALM CITY, FL 34990

01132005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
706 Lake Josephine Dr Suite, Apt. #, etc.	706 Lake Josephine Dr Suite, Apt. #, etc.
City & State: Sebring, FL	City & State: Sebring, FL
Zip: 33875 Country: Highlands	Zip: 33875 Country: Highlands

4. FEI Number 65-0536398 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHNELLMANN, SALLY 4335 SW HONEY TER. PALM CITY, FL 34990-5642	Name: Finney, Susan Street Address (P.O. Box Number is Not Acceptable): 706 Lake Josephine Dr City: Sebring FL Zip Code: 33875

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Susan Finney, Treasurer 4-29-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROKICKI, NANCY 5055 NW 84TH RD CORAL SPRINGS, FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Shaffer, Sandy 13709 Brynwood Lane Ft. Myers, FL 33912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COLLINS, TOM 1713 SW 19TH CT BOYNTON BEACH, FL 33426	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bellis, Pat 4725 NW 29th Terrace Gainesville, FL 32605	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CASS, NANCY 12144 GRECO DR ORLANDO, FL 32824	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dudley, June 8198 Nature's Way #15 Bradenton, FL 34202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACK, CAROL 5527 SATEL DR ORLANDO, FL 32810	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Shaw, Andrea 1418 SW 10th St. Ft. Lauderdale, FL 33312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SLANSKY, BILL 10448 ST ANDREWS RD BOYNTON BEACH, FL 33436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gunter, Karen 710 Oakland Road Altamonte, FL 32701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHNELLMANN, SALLY 4335 SW HONEY TERR PALM CITY, FL 34990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Finney, Susan 706 Lake Josephine Dr Sebring, FL 33875	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Finney Susan Finney 4-29-05 863-655-3758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #