

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90111 002 ****61.25

DOCUMENT # *N9500000 3491*

1. Entity Name

Sunshine Chapter, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6920 No. Dale Mabry Hwy. Tampa, FL 33614

B0056349

DO NOT WRITE IN THIS SPACE

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number
59-3351047

Applied For
Not Applicable

Zip
33614

Country
Hillsborough

Zip
33614

Country
Hillsborough

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

7. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director Wise, AR 6920 No. Dale Mabry Hwy. Tampa, FL 33614</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Asst. Director McKelvey, John 6920 No. Dale Mabry Hwy. Tampa, FL 33614</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary Bourassa, Mary 6920 No. Dale Mabry Hwy. Tampa, FL 33614</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer Spence, Lynne 6920 No. Dale Mabry Hwy. Tampa, FL 33614</i>
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IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeanne M. Spence Lynne M. Spence*

813-891-4282