

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003491

Entity Name: SUNSHINE CHAPTER, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

6920 NORTH DALE MABRY HIGHWAY
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

6920 NORTH DALE MABRY HIGHWAY
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3351047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D () Delete
Name: SPENCE, VIC
Address: 6920 N. DALE MABRY HWY
City-St-Zip: TAMPA, FL 33614

Title: T () Delete
Name: IMEL, CHUCK
Address: 6920 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33614

Title: AD () Delete
Name: COHALLA, RON
Address: 6920 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33614

Title: S () Delete
Name: CREEL, RUTH
Address: 6920 N. DALE MABRY HWY
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BALLA, DAN
Address: 6920 N. DALE MABRY HWY
City-St-Zip: TAMPA, FL 33614

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

Title: AD (X) Change () Addition
Name: OSBORNE, CHUCK
Address: 6920 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33614

Title: S (X) Change () Addition
Name: DE LA LOIRE, PRECILLA
Address: 6920 N. DALE MABRY HWY
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHUCK IMEL

TRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date