

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90064 040 ****61.25

DOCUMENT # N97000000011

1. Entity Name
KISSIMMEE GOOD SAMARITAN SUNSHINE AUXILIARY, INC

Principal Place of Business **Mailing Address**
1500 SOUTHGATGE DRIVE **1500 SOUTHGATGE DRIVE**
KISSIMMEE FL 34746 **KISSIMMEE FL 34746**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **59-3277784** 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	
APPLEGATE, ANDREW MYERS, GREGORY 1500 SOUTHGATE DRIVE KISSIMMEE FL 34746				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 *[Signature]* **DATE** **2/5/01**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, IRENE		NAME	DIENER, JO ANN	
STREET ADDRESS	4192 CAMBRIDGE		STREET ADDRESS	4260 VILLAGE DR #117	
CITY-ST-ZIP	KISSIMMEE FL 34746		CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARET JOHNSON		NAME	NONE	
STREET ADDRESS	1609 CALVIN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34746		CITY-ST-ZIP		
TITLE	2VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'FARRELL, ERNESTINE		NAME		
STREET ADDRESS	1641 CALVIN CIRCLE	OK	STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34746		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, PATRICIA		NAME		
STREET ADDRESS	3570 NORTHGATE DR #6	OK	STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34746		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEDSE, LILLIAN		NAME		
STREET ADDRESS	4418 NORTHGATE 4135 SOUTHGATE	OK	STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34746		CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	ASST. TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET PURRETT		NAME	LUND, JANICE	
STREET ADDRESS	5752 NORTHGATE DR.		STREET ADDRESS	1605 LUTHER LANE	
CITY-ST-ZIP	KISSIMMEE FL 34746		CITY-ST-ZIP	KISSIMMEE, FL 34746	

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: *[Signature]* **DATE** **2/5/01** **Daytime Phone #** **407-870-0582**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)