


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000000011			
1. Entity Name KISSIMMEE GOOD SAMARITAN SUNSHINE AUXILIARY, INC.			
Principal Place of Business 1500 SOUTHGATGE DRIVE KISSIMMEE FL 34746		Mailing Address 1500 SOUTHGATGE DRIVE KISSIMMEE FL 34746	
2. Principal Place of Business <i>SAME</i>		3. Mailing Address <i>SAME</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent EIMERS, ORIN K 1500 SOUTHGATE DRIVE KISSIMMEE FL 34746		7. Name and Address of New Registered Agent 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. I am familiar with, and accept, the obligations of registered agent.			
SIGNATURE <i>KEN EIMERS</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<i>Ken Eimers</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE <i>2-1-06</i> <small>DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	1VP HACKER, AUDREY 4103 MIDDLEGATE DR. KISSIMMEE FL 34746	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	P MAVRO, SUE 3570 NORTHGATE DR KISSIMMEE FL 34746	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	S JENKS, ELIZABETH 1584 PARKGATE DR. KISSIMMEE FL 34746	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	TR BLEDSOE, LILLIAN 4135 SOUTHGATE KISSIMMEE FL 34746	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	AT LUND, JANICE 1605 LUTHER LANE KISSIMMEE FL 34746	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add



1st MOORE CR2E037 (10/05)

4. FEI Number 59-3277784 Applied For Not Applicable

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

1100000416020
02/11/06-80109-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Lillian A. Bledsoe* LILLIAN A. BLEDSOE 2-1-06 407-870-0688