


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90014 020 ****61.25

DOCUMENT # N9700000011

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 - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country



MOORE CR2E037 (10/07)

4. FEI Number
59-3277784

Applied For
 Not Applicable

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

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 Orin K. Eimers **ORIN K. EIMERS** **2-5-08**

Signature, typed or printed name of registered agent (not applicable). (NOTE: Registered Agent signature required when re-appointing)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

TITLE	1VP	<input type="checkbox"/> Delete
NAME	HACKER, AUDREY	
STREET ADDRESS	4103 MIDDLEGATE DR.	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MAVRO, SUE	
STREET ADDRESS	3570 NORTHGATE DR	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	S	<input type="checkbox"/> Delete
NAME	JENKS, ELIZABETH	
STREET ADDRESS	1584 PARKGATE DR.	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BLEDSE, LILLIAN	
STREET ADDRESS	4135 SOUTHGATE	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	AT	<input type="checkbox"/> Delete
NAME	LUND, JANICE	
STREET ADDRESS	1605 LUTHER LANE	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**) **2-5-08 407-870-0582**