

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000011

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** KISSIMMEE GOOD SAMARITAN SUNSHINE AUXILIARY, INC.

**Current Principal Place of Business:**

1500 SOUTHGATGE DRIVE  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

1500 SOUTHGATGE DRIVE  
KISSIMMEE, FL 34746

**New Mailing Address:**

**FEI Number:** 59-3277784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, KAYLAN  
1500 SOUTHGATE DRIVE  
KISSIMMEE, FL 34746 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: 1VP  
Name: REED, ANNE  
Address: 1492 ALDERSGATE #7  
City-St-Zip: KISSIMMEE, FL 34746

Title: S  
Name: DRUCE, BETTY  
Address: 3610 NORTHGATE DR. #8  
City-St-Zip: KISSIMMEE, FL 34746

Title: TR  
Name: BLEDSOE, LILLIAN  
Address: 4135 SOUTHGATE  
City-St-Zip: KISSIMMEE, FL 34746

Title: AT  
Name: LUND, JANICE  
Address: 1605 LUTHER LANE  
City-St-Zip: KISSIMMEE, FL 34746

I hereby 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 all other like empowered.

SIGNATURE: LILLIAN BLEDSOE

T

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date