

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90111 047 ****61.25

00119303

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number: **59-3277784**

Applied For

Not Applicable

Zip

Country

Zip

Country

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
1500 SOUTHGATE DRIVE
KISSIMMEE FL 34746**

Name

ORIN K. EIMERS

Street Address (P.O. Box Number is Not Acceptable)

Same

Same

City

Same

FL

Zip Code

Same

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/18/03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DIENER, JO ANN	
STREET ADDRESS	4260 VILLAGE DR. #117	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	1VP	<input checked="" type="checkbox"/> Delete
NAME	HAKES, JOHN	
STREET ADDRESS	1492 ALDRSGATE DR #15	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WATTS, PATRICIA	
STREET ADDRESS	3570 NORTHGATE DR #8	
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		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hacker, Audrey	
STREET ADDRESS	4103 Middlegate Dr.	
CITY-ST-ZIP	Kissimmee, FL 34746	
TITLE	1 Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIVENS, ERIS	
STREET ADDRESS	1523 Westgate Dr.	
CITY-ST-ZIP	Kissimmee FL 34746	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lukuch Cheryl	
STREET ADDRESS	1623 Parkgate Dr.	
CITY-ST-ZIP	Kissimmee, FL 34746	
TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Same	<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 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:

ORIN K. EIMERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/03

Date

407-846-7201

Daytime Phone #

CR2E037 (4/03)