

**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 SOUTHGATE DRIVE  
KISSIMMEE FL 34746**

Mailing Address

**1500 SOUTHGATE 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          | <b>PD</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>DIENER, JO ANN</b>        |  |
| STREET ADDRESS | <b>4260 VILLAGE DR. #117</b> |  |
| CITY-ST-ZIP    | <b>KISSIMMEE FL 34746</b>    |  |
| TITLE          | <b>1VP</b>                   | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>HAKES, JOHN</b>           |  |
| STREET ADDRESS | <b>1492 ALDRSGATE DR #15</b> |  |
| CITY-ST-ZIP    | <b>KISSIMMEE FL 34746</b>    |  |
| TITLE          | <b>S</b>                     | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>WATTS, PATRICIA</b>       |  |
| STREET ADDRESS | <b>3570 NORTHGATE DR #8</b>  |  |
| CITY-ST-ZIP    | <b>KISSIMMEE FL 34746</b>    |  |
| TITLE          | <b>TR</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>BLEDSE, LILLIAN</b>       |  |
| STREET ADDRESS | <b>4135 SOUTHGATE</b>        |  |
| CITY-ST-ZIP    | <b>KISSIMMEE FL 34746</b>    |  |
| TITLE          | <b>AT</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>LUND, JANICE</b>          |  |
| STREET ADDRESS | <b>1605 LUTHER LANE</b>      |  |
| CITY-ST-ZIP    | <b>KISSIMMEE FL 34746</b>    |  |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |

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

*Signature Required*

**8/18/03**

**407-846-7201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)