

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000006920

1. Entity Name
SUNSHINE AFTER SCHOOL CHILD CARE, INC.



Principal Place of Business

7901 SW 36 STREET
SUITE 202
DAVIE, FL 33328 US

Mailing Address

7901 SW 36 STREET
SUITE 202
DAVIE, FL 33328 US



01302006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number
65-0978444

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOUGHTY, JANICE
7901 SW 36 STREET
SUITE 202
DAVIE, FL 33328

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IN THIS SPACE**

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

Janice Doughty

President/CEO

Jan. 25, 2006

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

(NOTE: Registered agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCED
DOUGHTY, JANICE
7901 SW 36 STREET SUITE 202
DAVIE, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
DOUGHTY, CRAIG
7901 SW 36 STREET SUITE 202
DAVIE, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HOWARD, DOUGHTY
7901 SW 36ST SUITE 202
FORT LAUDERDALE, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Janice Doughty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06 954-236-8850
Date Daytime Phone #