

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736357

Entity Name: SUNSHINE CHRISTIAN HOMES, INC.

Current Principal Place of Business:

5250 WHIPPOORWILL DR
HOLIDAY, FL 34690

Current Mailing Address:

5250 WHIPPOORWILL DR
HOLIDAY, FL 34690

FEI Number: 51-0205101

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BRUSIK, MARY KATE
5250 WHIPPOORWILL DRIVE
HOLIDAY, FL 34690 US

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: MARY KATE BRUSIK

01/26/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name TOLAND, DIANE
Address 14123 WHITECAP AVE.
City-State-Zip: HUDSON FL 34667

Title SECRETARY
Name NUSSBAUM, ALICE
Address 4628 CAVENDISH DRIVE
City-State-Zip: NEW PORT RICHEY FL 34655

Title ADMINISTRATOR/COO
Name BRUSIK, MARY KATE
Address 3643 DELLEFIELD STREET
City-State-Zip: NEW PORT RICHEY FL 34655

Title VC
Name CARMACK, SADIE
Address 6104 FREEPORT DRIVE
City-State-Zip: SPRING HILL FL 34606

Title TREASURER
Name TOLAND, ROBERT
Address 14123 WHITECAP AVE.
City-State-Zip: HUDSON FL 34667

Title DIRECTOR
Name HENSLEY, CARROLL
Address 7276 BERWICK WAY
City-State-Zip: WEEKI WACHEE FL 34613

Title DIRECTOR
Name VANDERMEADE, ROSEMARIE
Address 4713 CAMBRIDGE AVE.
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name FIELDS, DONALD
Address 14001 PIMBERTON DR.
City-State-Zip: HUDSON FL 34667

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: MARY KATE BRUSIK

RN, BSN,
ADMINISTRATOR/COO

01/26/2021

Electronic Signature of Signing Officer/Director Detail

Date