

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000012833

**Entity Name:** FRIENDS OF THE SUNSHINE CENTER, INC.**Current Principal Place of Business:**330 5TH ST. NORTH  
ST. PETERSBURG, FL 33701**Current Mailing Address:**330 5TH ST. NORTH  
ST. PETERSBURG, FL 33701**FEI Number: 16-1780444****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARVIN, SALLY SPVSR  
330 5TH ST. N.  
ST. PETERSBURG, FL 33701 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SEC  
Name OZGA, EILEEN  
Address 330 5TH ST. NORTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR  
Name MORGAN, JAY  
Address 330 5TH ST. NORTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR  
Name ALLEN, CRAIG  
Address 330 5TH ST. NORTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR  
Name KILLEEN, ED  
Address 330 5TH ST. NORTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title PRES  
Name PREPOST, VIOLET  
Address 330 5TH ST. NORTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title VP  
Name PATTERSON, SANDRA  
Address 330 5TH ST. NORTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR  
Name ALLEN, CHARLENE  
Address 330 5TH ST. NORTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR  
Name MUNGER, GARY  
Address 330 5TH ST. NORTH  
City-State-Zip: ST. PETERSBURG FL 33701

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*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: VIOLET PREPOST****PRESIDENT****02/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	PATTERSON, JOE T.
Address	330 5TH ST. NORTH
City-State-Zip:	ST. PETERSBURG FL 33701