

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010246

**Entity Name:** SHINNING STARS EARLY LEARNING CENTER  
INCORPORATION

**FILED**  
**Jun 26, 2015**  
**Secretary of State**  
**CC5195825273**

**Current Principal Place of Business:**

101 WEST CYPRESS ST  
UNIT D  
KISSIMMEE, FL 34741

**Current Mailing Address:**

101 WEST CYPRESS ST  
UNIT D  
KISSIMMEE, FL 34741

**FEI Number:** 90-0699661

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HUGHES DEBOSE, MARY EMRS.  
101 WEST CYPRESS ST  
UNIT D  
KISSIMMEE, FL 34741 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 P  
Name HUGHES DEBOSE, MARY E  
Address 101 WEST CYPRESS ST UNIT D  
City-State-Zip: KISSIMMEE FL 34741

Title SECRETARY  
Name HUGHES , CHRISTINA D  
Address 1410 EMMETT ST  
City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR  
Name GONZALEZ, PATRICIA D  
Address 1612 KENDRICK DR.  
APT B  
City-State-Zip: KISSIMMEE FL 34744

Title VP  
Name DEBOSE, ANDREW JR.  
Address 101 WEST CYPRESS ST  
UNIT D  
City-State-Zip: KISSIMMEE FL 34741

Title TREASURER  
Name MORRISON, CATHERINE  
Address 404 SEA WILLOW DRIVE  
City-State-Zip: KISSIMMEE FL 34743

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 E HUGHES DEBOSE

**OWNER**

**06/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date