2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#710020

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SARASOTA, FL 34238

DOHENY, DAVID JR

6525 TOE TUCK DR

PENSACOLA, FL 32526

() Delete

Feb 18, 2007 Secretary of State

Entity Name: SUNSHINE DISTRICT ASSOCIATION OF CHAPTERS OF S. P. E. B. S. Q. A., INC.

Current Principal Place of Business: New Principal Place of Business: 6399 ALLEGHANY AVE COCOA, FL 32927 US **Current Mailing Address: New Mailing Address:** 6399 ALLEGHANY AVE COCOA, FL 32927 FEI Number: 59-6194988 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAW, LEWIS L SECRETA 6399 ALLEGHANY AVE COCOA, FL 32927 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DON LONG. Name: Name: 3921 APPLEGATE CIR. Address: Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: Title: SD Title: () Delete () Change () Addition LAW, LEWIS L Name: Name: Address: 6399 ALLEGHANY AVE Address: City-St-Zip: COCOA, FL 32927 City-St-Zip: Title: () Delete Title: PD (X) Change () Addition BRINKMANN, DANIEL ELSWICK, SHANNON Name: Name: 4399 WOOD HAVEN DR 12903 MAGNOLIA POINTE BLVD Address: Address: City-St-Zip: MELBOURNE, FL 329357169 City-St-Zip: CLERMONT, FL 34711 Title: VD () Delete Title: VD (X) Change () Addition Name: DOHENY, DAVID SR Name: BILLINGS, BILL Address: 6507 PEBBLE DR Address: 6963 4TH ST S City-St-Zip: PENSACOLA, FL 325052110 City-St-Zip: SAINT PETERSBURG, FL 33705-622 Title: VD () Delete Title: (X) Change () Addition BJORK, FRED HOPKINS, KEITH Name: Name: 7527 QUINTO DR 2550 HIGHLANDS VUE PKWY

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

LAKELAND, FL 33812-328

2260 COSTA RICAN DRIVE APT #2

CLEARWATER, FL 33763-271

(X) Change () Addition

BMAL

BOLL, WILLIAM

SIGNATURE: LEWIS L. LAW SD 02/18/2007