

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757857

FILED
May 29, 2007
Secretary of State

Entity Name: SWANA - FLORIDA SUNSHINE CHAPTER, INC.

Current Principal Place of Business:

3900 SW 63RD BLVD
GAINESVILLE, FL 32608

New Principal Place of Business:

1118 HEATHER GLEN DR.
MINNEOLA, FL 34715 US

Current Mailing Address:

3900 SW 63RD BLVD
GAINESVILLE, FL 32608

New Mailing Address:

PO BOX 121625
CLERMONT, FL 347121626 US

FEI Number: 52-1445186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

UNIVERSITY OF FLORIDA TREEO CENTER
3900 SW 63RD BLVD
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

ZIEMAK, KATHRYN A ADMIN
1118 HEATHER GLEN DR.
MINNEOLA, FL 34715 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: KATHRYN ANNE ZIEMAK

05/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOTITO, RAY
Address: 3012 US HWY 301N
City-St-Zip: TAMPA, FL 33619

Title: VPD () Delete
Name: RICHMOND, PHIL
Address: 7667 NORTHPOINTE DRIVE
City-St-Zip: PENSACOLA, FL 32524

Title: TD () Delete
Name: DEANS, DAVID
Address: 482 SOUTH KELLER ROAD
City-St-Zip: ORLANDO, FL 32810

Title: SP () Delete
Name: ZIEMAK, KATHRYN A
Address: 3900 SW 63RD BLVD.
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SP (X) Change () Addition
Name: ZIEMAK, KATHRYN A
Address: 1118 HEATHER GLEN DR.
City-St-Zip: MINNEOLA, FL 34715

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: KATHRYN ANNE ZIEMAK

ADM

05/29/2007

Electronic Signature of Signing Officer or Director

Date