FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State:

DIVISION OF CORPORATIONS

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SIGNATURE: 4

DOCUMENT # 1. Corporation Name

767178

(7)

SUNSHINE GROUP HOME, INC.

0011011	inte differ frome; into								
Principal Place of Business Mailing Address			#	### ##### ############################		HOU DIEN HOUS			
12975 SW 280 13395 S.W. 20	SOTH STREET	P.O. BOX 924800 13395 S.W. 268TH STR							
NARANJA FL 33032 PRINCETOI US US			ETON FL 33092-4800		3. Date Incorporated or Qualified 02/25/1983	ualified 3a. Date of Last Report 05/01/1995			
	ace of Business	2a. Mailing Address				4. FEI Number EQ-0072420		-	pplied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				59-2273439	\$8		lot Applicable Additional
22		27				5. Certificate of Status Desired	1 1		Required
City & State)	City & State				Election Campaign Financing Trust Fund Contribution			May Be
Zip Country Zip Country			ntrv		This corporation has liability for in			199.032	
24	25	29	30	,			Yes No	101 0.	100.002,
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered Agen	t	
				81	Name				
BOAS, D	AVID C		}	82	Street Addin	ess (P.O. Box Number is Not Acceptable)		
11440 N	orth Kendall Drive, Suite 2	05	1						
miami fi	. 33176			83					
			İ	84	City		FL 85	Zip	Code
44 Durament	to the provisions of Sections 617 0503	and 617 1509. Florida Statut	os the abov	VO 5	aniod corpor	ation submits this statement for the purp		n ite re	raistered office
or register	ed agent, or both, in the State of Florid th, and accept the obligations of Sect	da. Such change was authoriz	ed by the c	orpo	oration's boar	d of directors. I hereby accept the appoint	ntment as regis	tered	agent. I am
	th, and accept the obligations of, Sect	ion b i 7.0503, Florida Statutes	•-						
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NC	TE Registered	Agen	f signature required	d when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	DERS AND DIRE	-CTO	3S IN 12
TITLE	PTD	☐ DELETE	11 181	ī L Ē			☐ Ch	ange	Addition Addition
NAME	JEFFREY, GLORIA HONORA		- 12 NA	ME					
STREET ADDRESS	13395 S.W. 268TH STREET		13 ST	REET	ADDRESS				
CITY - ST - ZIP	NARANJA FL	[] DELETE	1.4 CH		T-ZIP	<u>.</u> .			- Carrer
TITLE	VD	DELETE	2 1 TIT		1		□ Ch.	ange	☐ Addition
NAME	JEFFREY, ELMO, JR.	187	2 2 NA						
STREET ADDRESS	27703 SOUTHWEST 132 COL	JRI .			ADDRESS				
CITY-ST-ZIP TITLE	MIAMI FL VD	DEFETE	2 4 CI		ST-ZIP	M.A. Marian	☐ Ch	ange	Addition
NAME	CLAXTON, ELMER	<u></u>	3 2 NA						G
STREET ADDRESS	98-07 NORTHERN BOULEVAR	ก			ADDRESS				
CITY-ST-ZIP	CORONA NY		3 4 CI						
TI'LE		DELETE	41 TH				Ch	ange	Addition
NAME			4. 2 N/	AME			_		
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 CH		T-ZIP	03/25/96010			
TITLE		DELETE	5 1 TH			3 8 8 B] ,2 B	☐ Ch	ange	Addition
NAME			5 2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TIT		1 · ZIP		☐ Ch	ange	Addition
NAME		Doctor	6.2 NA						
STREET ADDRESS			1		ADDRESS				
CHTY-ST-ZIP			6460						
14. I do hereb	by certify that the information supplied	with this filing is voluntarily furn	nished and	doe	s not qualify for	or the exemption stated in Section 119.0	7(3)(k), Florida (Statut	es. I further
certify that oath; that appears in	t the information indicated on this anni I am an officer or director of the corpo n Block 12 or Block 1117 charged, or i	ual report or supplemental ann pration or the veceiver or truste on an allaghment with an add	uat report is Inpower ss.	s tru red t	ie and accura to execute this	or the exemption stated in Section 119.0 te and that my signature shall have the ssreport as required by Chapter 617, Flo	same legal effec rida Statutes; ar	t as if nd tha	made under .t my name

signature and typed on printion name of significant on director Gloria H. Jeffrey, President