

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90064 031 \*\*\*\*61.25

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**DOCUMENT # N00000008446**

1. Entity Name

**THE SUNFLOWER COALITION OF CAREGIVERS, INC.**

Principal Place of Business  
**135 NORTH TWIN LAKES RD.  
 COCOA FL 32926**

Mailing Address  
**135 NORTH TWIN LAKES RD.  
 COCOA FL 32926**

**930370**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt.-#, etc:

Suite, Apt.-#, etc:

City & State

City & State

4. FEI Number

**59-3688223**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AVERY, SUZANNE R  
 319 RIVEREDGE BLVD., STE. 107  
 COCOA FL 32922**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **ARNOLD, JOHN H JR.**  
 STREET ADDRESS **523 ADAMS AVE.**  
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **C/D**  Change  Addition

TITLE **D**  Delete  
 NAME **DAVIDSON, DORIS M**  
 STREET ADDRESS **1744 NORTH MERRIMAC DR.**  
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **V/D**  Change  Addition

TITLE **D**  Delete  
 NAME **MARIO, MARCIA B**  
 STREET ADDRESS **135 NORTH TWIN LAKES RD.**  
 CITY-ST-ZIP **COCOA FL 32926**

TITLE **P/D**  Change  Addition

TITLE **D**  Delete  
 NAME **MILLSPAUGH, CHARLOTTE W**  
 STREET ADDRESS **4676 NORTH WICKHAM RD.**  
 CITY-ST-ZIP **MELBOURNE FL 32952**

TITLE  Change  Addition

TITLE **D**  Delete  
 NAME **STEINER, JANET A**  
 STREET ADDRESS **460 KINGSTON RD.**  
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **S/D**  Change  Addition

TITLE  Delete

TITLE **T/D**  Change  Addition  
 NAME **ANGELO FACE**  
 STREET ADDRESS **987 SYCAMORE Drive**  
 CITY-ST-ZIP **ROCKLEDGE, FL 32955**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: MARCIA B. MARIO, PRESIDENT** *Marcia B. Mario* **3/2/2001** **(321) 632-0756**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)