

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0070116

DOCUMENT # N00000008446

1. Entity Name

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

03-29-2002 91422 005 \*\*\*\*70.00

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3688223**

Applied For  
 Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **LESLIE WILLIAMS** ☐ Change ☒ Addition  
 NAME **500 CROCKETT BLVD.**  
 STREET ADDRESS **MERRITT ISLAND, FL 32953**  
 CITY-ST-ZIP

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

TITLE **SHERY MEADERS** ☐ Change ☒ Addition  
 NAME **1819 CLEARLAKE RD.**  
 STREET ADDRESS **COCOA, FL 32922**  
 CITY-ST-ZIP

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

TITLE **LINDA BEYRIES** ☐ Change ☒ Addition  
 NAME **4610 FLOOD ST.**  
 STREET ADDRESS **PORT ST JOHN, FL 32927**  
 CITY-ST-ZIP

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

TITLE **KAREN MILLS** ☐ Change ☒ Addition  
 NAME **5050 HOGAN PLACE**  
 STREET ADDRESS **PORT ST JOHN, FL 32927**  
 CITY-ST-ZIP

TITLE **SD** ☐ Delete  
 NAME **STEINER, JANET A**  
 STREET ADDRESS **480 KINGSTON RD.**  
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **CHERYL HOFFMAN** ☐ Change ☒ Addition  
 NAME **1149 LAKE DRIVE**  
 STREET ADDRESS **COCOA FL 32922**  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **PACE, ANGELO**  
 STREET ADDRESS **987 SYCAMORE DRIVE**  
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 Mario** **MARCIA MARIO, EXECUTIVE DIRECTOR** **3/14/02** **(321) 632-0756**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)