

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90016 021 *****70.00

DOCUMENT # N00000008446					
1. Entity Name THE SUNFLOWER COALITION OF CAREGIVERS, INC.					
Principal Place of Business MERRITT SQUARE MALL 777 E MERRITT ISLAND MERRITT ISLAND FL 32952			Mailing Address SUNFLOWER COALITION OF CONGRESS 195 N. TWIN LAKES RD COCOA FL 32926		
2. Principal Place of Business		3. Mailing Address Sunflower House Suite, Apt. #, etc. 777 E. MERRITT ISLAND CSOY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MERRITT ISLAND, FL 32952		4. FEI Number 59-3688223	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARIO, MARCIA B 135 N. TWIN LAKES RD COCOA FL 32922			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>MARCIA B. MARIO, EXECUTIVE DIRECTOR Marcia B. Mario</u> <u>2/17/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE CD NAME ARNOLD, JOHN H JR. STREET ADDRESS 523 ADAMS AVE. CITY-ST-ZIP CAPE CANAVERAL FL 32920	<input checked="" type="checkbox"/> Delete		TITLE VD NAME KAREN MILLS STREET ADDRESS 5050 HOGAN PLACE CITY-ST-ZIP Port St. John, FL 32927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME WILLIAMS, LESLIE STREET ADDRESS 500 CROCKETT BLVD. CITY-ST-ZIP MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete		TITLE SD NAME SHERRY MEADERS STREET ADDRESS 1519 CLEARLAKE RD. CITY-ST-ZIP COCOA, FL 32022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME MARIO, MARCIA B STREET ADDRESS 135 NORTH TWIN LAKES RD. CITY-ST-ZIP COCOA FL 32926	<input type="checkbox"/> Delete		TITLE SD NAME Sandy Rutherford STREET ADDRESS 1545 N. COCOA, Blvd. CITY-ST-ZIP COCOA, FL 32922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MOLICA, LINDA STREET ADDRESS 2230 COCONUT LANE CITY-ST-ZIP MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete		TITLE D NAME Lynne Meagher STREET ADDRESS 3828 St. Armens Circle CITY-ST-ZIP Melbourne, FL 32934	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WEAVER, MARY STREET ADDRESS 701 W. COCO CSOCOY CITY-ST-ZIP MELBOURNE FL 32901	<input checked="" type="checkbox"/> Delete		TITLE D NAME MARK HOBBS STREET ADDRESS 119 N. BANANA RIVER DR. CITY-ST-ZIP Merritt Island, FL 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME PACE, ANGELO STREET ADDRESS 987 SYCAMORE DRIVE CITY-ST-ZIP ROCKLEDGE FL 32955	<input type="checkbox"/> Delete		TITLE D NAME Jill Blue-GAINES STREET ADDRESS 812 TARA Marie Lane CITY-ST-ZIP Port Orange, FL 32128	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>MARCIA B. MARIO</u> <u>Marcia B. Mario</u> <u>2/17/04</u> <u>(321)452-4341</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment

54010630

2004 Not-for-Profit Corporation
Annual Report

Document # N00000008446

The Sunflower Coalition of Caregivers, Inc.
Block 11 Board of Directors (continued)

D

Sherry Schwartz
300 Columbia Drive, #2308
Cape Canaveral, FL 32920

☒ *Addition*

D

Donna Paniço
2425 N. Courtenay Parkway, #102
Merritt Island, FL 32953

☒ *Addition*