

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90024 020 ****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 HOUSE 777 E MERRITT ISLAND CSWY MERRITT ISLAND, FL 32952 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 02142005 Chg-NP CR2E037 (10/03) | |
| 4. FEI Number 59-3688223 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 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</u> MARCIA B. MARIO <u>2/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | VD MILLS, KAREN 5050 HOGAN PLACE PORT ST. JOHN, FL 32927 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JILL BLUE-GAINES (D) 1812 TARA MARIS Lane Pt. Orange, FL 32128 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WILLIAMS, LESLIE 500 CROCKETT BLVD. MERRITT ISLAND, FL 32953 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ERIK P. Schuman (D) 1800 W. Hibiscus Blvd. Melbourne, FL 32902-1870 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MARIO, MARCIA B 135 NORTH TWIN LAKES RD. COCOA, FL 32926 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | BERNARD L. MALLAK (D) 777 E. MERRITT Island CSWY Merritt Island, FL 32952 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MEADERS, SHERRY 1519 CLEARLAKE RD COCOA, FL 32022 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Anthony Hunt (D) 1255 / S. Florida Ave. Rockledge, FL 32955 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUTHERFORD, SANDY 1545 N COCOA BLVD COCOA, FL 32922 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Lynne Meagher (D) 3828 St. Armens Circle Melbourne, FL 32934 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PACE, ANGELO 987 SYCAMORE DRIVE ROCKLEDGE, FL 32955 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Donna M. Panico (D) 2395 N. Courtenay PKwy. #101 Merritt Island, FL 32953 | <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> MARCIA B. MARIO <u>2/15/05</u> (321) 452-4341 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small> | | | | | |

2005 Not-for-Profit Corporation Annual Report: Attachment

Sunflower House at Merritt Square Mall
(The Sunflower Coalition of Caregivers, Inc.)
Additions/Changes to Officers and Directors in 10
Block 11 Continued

50017.381
#V00000008446

Keri Patterson-Nestle (D)

3733 Shawn Circle
Orlando, FL 32826.....Addition

Sherry Schwartz (D)

300 Columbia Drive #2308
Cape Canaveral, FL 32920.....Addition

Anna Grau (D)

1155 N. Courtenay Pkwy., #E91
Merritt Island, FL 32953.....Addition

Anna B. Grau