

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90280 030 \*\*\*\*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

**60027645**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042006

Chg-NP

CR2E037 (11/05)

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

MARIO, MARCIA B  
135 N. TWIN LAKES RD  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Marcia B. Mario* **MARCIA B. MARIO, EXECUTIVE DIRECTOR**

**4/5/06**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BLUE-GAINES, JILL  
1812 TARA MARIE LANE  
PORT ORANGE, FL 32128

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
WILLIAMS, LESLIE  
500 CROCKETT BLVD.  
MERRITT ISLAND, FL 32953

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
MEADERS, SHERRY  
1519 CLEARLAKE RD  
COCOA, FL 32022

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MEAGHER, LYNN  
3828 ST ARMENS CIRCLE  
MELBOURNE, FL 32934

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **EXECUTIVE DIRECTOR, MARCIA B. MARIO** **4/5/06** **(321) 452-4341**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #