

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90182 031 ****70.00

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**

2. Principal Place of Business

MERRITT SQUARE MALL

3. Mailing Address

SUNFLOWER Coalition of Caregivers

Suite, Apt. #, etc.

Suite, Apt. #, etc.

777 E. MERRITT ISLAND Csw

135 N. TWIN LAKES RD

City & State

City & State

MERRITT ISLAND, FL

COCOA, FL.

Zip

Country

Zip

Country

32952

BREVARD

32926

BREVARD



☒ CHECK HERE IF MAKING CHANGES

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

AVERY, SUZANNE R

**319 RIVEREDGE BLVD., STE. 107
COCOA FL 32922**

7. Name and Address of New Registered Agent

Name

MARCIA B. MARIO

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

135 N. TWIN LAKES ROAD

COCOA, FL.

City

FL

Zip Code

32926

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, EXECUTIVE DIRECTOR Marcia B. Mario**

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	ARNOLD, JOHN H JR.	
STREET ADDRESS	523 ADAMS AVE.	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILLIAMS, LESLIE	
STREET ADDRESS	500 CROCKETT BLVD.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARIO, MARCIA B	
STREET ADDRESS	135 NORTH TWIN LAKES RD.	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLSPAUGH, CHARLOTTE W	
STREET ADDRESS	4676 NORTH WICKHAM RD.	
CITY-ST-ZIP	MELBOURNE FL 32952	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STEINER, JANET A	
STREET ADDRESS	460 KINGSTON RD.	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PACE, ANGELO	
STREET ADDRESS	987 SYCAMORE DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherry J. Meaders	
STREET ADDRESS	1519 Clearlake Rd	
CITY-ST-ZIP	COCOA, FL 32922	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLS, KAREN	
STREET ADDRESS	5050 Hogan Place	
CITY-ST-ZIP	Pt. St. John, FL 32927	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Molica, Linda	
STREET ADDRESS	2230 Coconut Lane	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weaver, Mary Cardy	
STREET ADDRESS	701 W. COCOA BEACH Csw	
CITY-ST-ZIP	COCOA BEACH, FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 B. MARIO, Marcia B. Mario, Executive Director 3/10/03 (321) 452-4341**

CR2E037 (10/02)