

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001825

FILED
May 26, 2009
Secretary of State

Entity Name: SONSHINE QUARTET INC.

Current Principal Place of Business:

1150 S W 139TH TERRACE
OCALA, FL 34481 US

New Principal Place of Business:

Current Mailing Address:

1150 S W 139TH TERRACE
OCALA, FL 34481 US

New Mailing Address:

FEI Number: 04-3638308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CRUTCHFIELD, DON P
1150 S W 139TH TERRACE
OCALA, FL 34481 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRUTCHFIELD, DON
Address: 1150 S W 139TH TERRACE
City-St-Zip: Ocala, FL 34481 US

Title: D () Delete
Name: CRUTCHFIELD, DONALD WAYNE
Address: 1150 S W 139TH TERRACE
City-St-Zip: Ocala, FL 34481 US

Title: D () Delete
Name: CRUTCHFIELD, MATTHEW
Address: 1151 SW 140TH AVE
City-St-Zip: Ocala, FL 34481 US

Title: D () Delete
Name: JOHNSON, TONY
Address: 1151 SW 140TH AVE
City-St-Zip: Ocala, FL 34481 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON CRUTCHFIELD

P

05/26/2009

Electronic Signature of Signing Officer or Director

Date