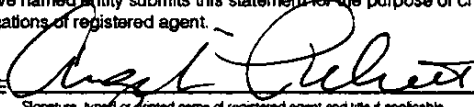


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90105 006 ****70.00

DOCUMENT # N02000005726					
1. Entity Name THE SUNSHINE STATE PAPILLON CLUB, INC.					
Principal Place of Business 5535 STARLING LOOP LAKELAND, FL 33810			Mailing Address 5535 STARLING LOOP LAKELAND, FL 33810		
					
2. Principal Place of Business - No P.O. Box # 2633 Pickett Downs Dr		3. Mailing Address 2633 Pickett Downs Dr		03192008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	
City & State Chuluota, FL		City & State Chuluota, FL		Applied For Not Applicable	
Zip 32766		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARAMELLA, TAMMY 5535 STARLING LOOP LAKELAND, FL 33810			7. Name and Address of New Registered Agent Name: Angela Pickett Street Address (P.O. Box Number is Not Acceptable): 2633 Pickett Downs Dr City: Chuluota, FL 32766		
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:  DATE: 4/29/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$81.25 Due by May 1, 2008		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 P NAME PICKETT, ANGELA STREET ADDRESS 2633 PICKET DOWN DRIVE CITY-ST-ZIP CHULUOTA, FL 32766	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	
TITLE V NAME KUNCCEL, LAURA STREET ADDRESS 736 CARMEN DRIVE CITY-ST-ZIP LAKE HELEN, FL 32744	☐ Delete		TITLE VP NAME Roberta Tedford STREET ADDRESS 1100 Belkton Ave NW CITY-ST-ZIP Port Charlotte, FL 33948	☒ Change ☐ Ad	
TITLE S NAME JO KORPI, MARY STREET ADDRESS 778 99TH AVE N CITY-ST-ZIP NAPLES, FL 34108	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	
TITLE T NAME GARAMELLA, TAMMY STREET ADDRESS 5535 STARLING LOOP CITY-ST-ZIP LAKELAND, FL 33810	☒ Delete		TITLE Treasurer NAME Laura Kuncel STREET ADDRESS 736 Carmen Dr CITY-ST-ZIP Lake Helen, FL 32744	☒ Change ☐ Ad	
TITLE D NAME KENDRA, SUE STREET ADDRESS 3817 NICHOLAS STREET CITY-ST-ZIP TARPON SPRINGS, FL 34688	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	
TITLE D NAME CZECH, ARLENE STREET ADDRESS 778 99TH AVENUE N CITY-ST-ZIP NAPLES, FL 34108	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	

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, or as an attachment with an address, with all other like empowered.



4/30/08 407-359-6659