

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006731

FILED
Apr 17, 2005
Secretary of State

Entity Name: SHEILA'S WISH FOUNDATION, INC.

Current Principal Place of Business:

2485 SPRUCE VIEW WAY
DAYTONA BEACH, FL 32128

New Principal Place of Business:

Current Mailing Address:

2485 SPRUCE VIEW WAY
DAYTONA BEACH, FL 32128

New Mailing Address:

FEI Number: 33-1011554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMCHIK, MARIE
2485 SPRUCE VIEW WAY
DAYTONA BEACH, FL 32128 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: D () Delete
Name: SIMCHIK, MARIE
Address: 2485 SPRUCE VIEW WAY
City-St-Zip: DAYTONA BEACH, FL 32128

Title: D () Delete
Name: SIMCHIK, PETE
Address: 2485 SPRUCE VIEW WAY
City-St-Zip: DAYTONA BEACH, FL 32128

Title: D () Delete
Name: NIPPER, TRACY
Address: 2223 HYMAN PLACE
City-St-Zip: NEW ORLEANDS, LA 70131

Title: D () Delete
Name: WASHINGTON, CARRIE
Address: 2934 OAKLEA DR
City-St-Zip: SOUTH DAYTONA, FL 32114

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 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 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: MARIE SIMCHIK

D

04/17/2005

Electronic Signature of Signing Officer or Director

Date