

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006731

FILED  
May 19, 2010  
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 ( )**  
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:**

**Name and Address of New Registered Agent:**

SIMCHIK, MARIE  
2485 SPRUCE VIEW WAY  
DAYTONA BEACH, FL 32128      US

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  
**Name:** SIMCHIK, MARIE  
**Address:** 2485 SPRUCE VIEW WAY  
**City-St-Zip:** DAYTONA BEACH, FL 32128

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

**Title:** D  
**Name:** NIPPER, TRACY  
**Address:** 11509 HASKELL ST  
**City-St-Zip:** WICHITA, KS 67209

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

I hereby 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 all other like empowered.

SIGNATURE: MARIE SIMCHIK

D

05/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date