

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

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90182 034 \*\*\*\*61.25

**DOCUMENT # N02000006731**

**1. Entity Name**  
**SHEILA'S WISH FOUNDATION, INC.**



**Principal Place of Business**

**2485 SPRUCE VIEW WAY  
DAYTONA BEACH FL 32128**

**Mailing Address**

**2485 SPRUCE VIEW WAY  
DAYTONA BEACH FL 32128**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**33-1011554**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name

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

City

**FL**

Zip Code

**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**

\* 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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Delete
NAME	SIMCHIK, MARIE	
STREET ADDRESS	2485 SPRUCE VIEW WAY	
CITY-ST-ZIP	DAYTONA BEACH FL 32128	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMCHIK, PETE	
STREET ADDRESS	2485 SPRUCE VIEW WAY	
CITY-ST-ZIP	DAYTONA BEACH FL 32128	
TITLE	D	<input type="checkbox"/> Delete
NAME	NIPPER, TRACY	
STREET ADDRESS	2223 HYMAN PLACE	
CITY-ST-ZIP	NEW ORLEANDS LA 70131	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASHINGTON, CARRIE	
STREET ADDRESS	2934 OAKLEA DR	
CITY-ST-ZIP	SOUTH DAYTONA FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *SIGNATURE REQUIRED* 8/19/03 386-788-1619

CR2E037 (10/02)