

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000008076

1. Entity Name
EARTH SHINE INSTITUTE, INC.



Principal Place of Business

2075 W FIRST ST STE 300
FT MYERS, FL 33901

Mailing Address

2075 W FIRST ST STE 300
FT MYERS, FL 33901

FILED
Jul 24, 2008 08:00 AM
Secretary of State



07092008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
32-0042299

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, MARGARET E
7000 ESTERO BLVD, APT 301
FT MYERS BEACH, FL 33931

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000956243

07/24/08-80004-022 61.25

10. OFFICERS AND DIRECTORS

TITLE V, T
NAME PENDLETON, CONSTANCE M
STREET ADDRESS 1919 PENNSYLVANIA AVE, NW, STE 200
CITY- ST- ZIP WASHINGTON, DC 20006

TITLE T, P
NAME MORGAN, MARGARET I
STREET ADDRESS 7000 ESTERO BLVD APT 301
CITY- ST- ZIP FT MYERS BCH, FL 33931

TITLE T, T
NAME WHITLEY, STEVEN R
STREET ADDRESS 15783 SILVERADO CT SW
CITY- ST- ZIP FT MYERS, FL 33908

TITLE T
NAME KENNEDY, NANCY
STREET ADDRESS 5853 PINE TREE DRIVE
CITY- ST- ZIP SANIBEL, FL 33957

TITLE T
NAME SONNE, MARY
STREET ADDRESS 14400 ORANGE RIVER RD
CITY- ST- ZIP FT MYERS, FL 33905

TITLE T
NAME GILSON, RICHARD
STREET ADDRESS 115 LAKE DRIVE
CITY- ST- ZIP OVIEDO, FL 32765

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IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/2008 239-694-7286

Date

Daytime Phone #