


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90038 044 \*\*\*\*70.00

|  |  |  |  |  |   |
|--|--|--|--|--|---|
| <b>DOCUMENT # N02464</b><br>1. Entity Name<br><b>SUNNYSIDE FOUNDATION, INC.</b>  |  |  |  |                   |   |
| Principal Place of Business<br><b>5201 BAHIA VISTA<br/>SARASOTA, FL 34232-2615</b>   |  |  | Mailing Address<br><b>5201 BAHIA VISTA<br/>SARASOTA, FL 34232-2615</b>   |  |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |  |  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |  |   |
| City & State   |  | City & State   |  |  |   |
| Zip  | Country  | Zip  | Country  | 05072008 Chg-NP CR2E037 (12/06)  |   |
| 4. FEI Number<br><b>59-2561967</b>   |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  |  |  | <b>\$8.75 Additional Fee Required</b>  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>MILLER, DAVID RAY<br/>5201 BAHIA VISTA<br/>SARASOTA, FL 34232</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>J. David Yoder</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>5201 Bahia Vista St.</b><br>City <b>Sarasota</b> FL Zip Code <b>34232</b> |  |   |
| 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 <b>J. David Yoder, Executive Director</b><br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |  |  |  | DATE <b>4-17-08</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |   |
| <b>Filing Fee is \$61.25<br/>Due by September 12, 2008</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |  |  |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MILLER, LLOYD<br>3343 TALLYWOOD CT.<br>SARASOTA, FL 34237           | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>O'NEAL, DOLORES<br>5220 MANZ PLACE, APT. #237<br>SARASOTA, FL 34232 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HANDRICH, BRENDA<br>47 TREE ROAD<br>SARASOTA, FL 34232              | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>BROWN, EDWARD<br>5216 SATTler PLACE<br>SARASOTA, FL 34232          | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>MAST, ALLEN<br>1001 N WASHINGTON BLVD<br>SARASOTA, FL 34236       | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HERTZLER, ELAM<br>5158 MANZ PLACE<br>SARASOTA, FL 34232             | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <b>J. David Yoder</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |  | Date <b>5-07-08</b> Daytime Phone # <b>941-371-2750</b>  |   |

2008 Not-for-profit Corporation Annual Report  
Document #N02464 – Page 2  
Sunnyside Foundation, Incorporated

ATTACHMENT

40104107

11. Additions

Director  
Lee, H. Greg  
2014 Fourth Street  
Sarasota, FL 34237

Director  
Walls, Betty  
7736 US Open Loop  
Sarasota, FL 34202

Director  
Weiler, Noah  
55 Tatum Road  
Sarasota, FL 34240

Executive Director, Registered Agent  
Yoder, J. David  
5201 Bahia Vista Street  
Sarasota, FL 34232