

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-19-2008 90033 025 ****80.00

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1. Entity Name
THE SUNSHINE GROUP OF PENSACOLA, INC.



Principal Place of Business
**643 CEDAR BLUFF DR
PENSACOLA, FL 32506**

Mailing Address
**643 CEDAR BLUFF DR
PENSACOLA, FL 32506**

401000000



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

03292008 Chg-NP CR2E037 (12/06)

4. FEI Number
27-0101076

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOZIER, THAMES & FRAZIER, P.A.
24 W CHASE ST
PENSACOLA, FL 32502**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **DP** ☒ Delete
NAME **NARCISO, NELLIE**
STREET ADDRESS **643 CEDAR BLUFFS DR**
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE **DP** ☐ Change ☒ Addition
NAME **NARCISO, NELLIE**
STREET ADDRESS **643 CEDAR BLUFFS DR**
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE **DV** ☒ Delete
NAME **JOHNSON, GINA**
STREET ADDRESS **7327 WOODSIDE RD**
CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE **DV** ☐ Change ☒ Addition
NAME **JOHNSON, GINA**
STREET ADDRESS **7327 WOODSIDE RD**
CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE **DS** ☒ Delete
NAME **JACKSON, EVA**
STREET ADDRESS **5801 W JACKSON ST**
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE **DS** ☐ Change ☒ Addition
NAME **JACKSON, EVA**
STREET ADDRESS **5801 W JACKSON ST**
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE **DT** ☒ Delete
NAME **MORALITA, RECHILDA**
STREET ADDRESS **5169 TEAKWOOD DR**
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE **DT** ☐ Change ☒ Addition
NAME **MORALITA, RECHILDA**
STREET ADDRESS **5169 TEAKWOOD DR**
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE **D** ☒ Delete
NAME **MORALITA, MARIO**
STREET ADDRESS **5160 TEAKWOOD DR**
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE **D** ☐ Change ☒ Addition
NAME **MORALITA, MARIO**
STREET ADDRESS **5160 TEAKWOOD DR**
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE **A** ☒ Delete
NAME **RUIZ, JUSTO T**
STREET ADDRESS **6510 ANTIETAM DR.**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **A** ☐ Change ☒ Addition
NAME **RUIZ, JUSTO T.**
STREET ADDRESS **6510 ANTIETAM DR**
CITY-ST-ZIP **PENSACOLA, FL 32503-7504**

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

Auditor

May 10, 2008

Date

Daytime Phone #