

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007630

FILED  
Jun 12, 2012  
Secretary of State

**Entity Name:** SONSHINE COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

6111 SOUTH POINTE BOULEVARD  
FT. MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

6111 SOUTH POINTE BOULEVARD  
FT. MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 74-2996929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEMOLA, DIANE  
6111 SOUTH POINTE BOULEVARD  
FT. MYERS, FL 33919 US

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

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: P  
Name: DEMOLA, DIANE  
Address: 6111 SOUTH POINTE BOULEVARD  
City-St-Zip: FT. MYERS, FL 33919

Title: T  
Name: ANTONUCCI, PAM  
Address: 6111 SOUTH POINTE BOULEVARD  
City-St-Zip: FT. MYERS, FL 33919

Title: VP  
Name: ANTONUCCI, JOHN REV.  
Address: 6111 SOUTH POINTE BOULEVARD  
City-St-Zip: FT. MYERS, FL 33919

Title: M  
Name: BULLUCK, CLARENCE REV.  
Address: 2707 MAIN STREET  
City-St-Zip: SAYREVILLE, NJ 08872

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: DIANE DEMOLA

PRES

06/12/2012

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

\_\_\_\_\_  
Date