
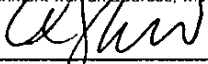


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90004 024 ****75.00

DOCUMENT # N04000010745 1. Entity Name SUNSHINE ACADEMY CHARTER SCHOOL, INC.					
Principal Place of Business 7601 SHALIMAR STREET MIRAMAR, FL 33023				Mailing Address 7601 SHALIMAR STREET MIRAMAR, FL 33023	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MANZANO, ALCIRA A 7601 SHALIMAR STREET MIRAMAR, FL 33023				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P MANZANO, ALCIRA A <input type="checkbox"/> Delete 7601 SHALIMAR STREET MIRAMAR, FL 33023		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ANA APARICIO FERNANDEZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1101 SW 15TH AVE APT 8 FORT LAUDERDALE, FL 33312-7207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANZANO, SALVATORE <input type="checkbox"/> Delete 7601 SHALIMAR STREET MIRAMAR, FL 33023		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY LEON, MARTA <input checked="" type="checkbox"/> Delete 6820 TYLER STREET HOLLYWOOD, FL 33024		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMB RIVERA, LUPE <input checked="" type="checkbox"/> Delete 6465 W. 24 LANE HIALEAH, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES ALVAREZ, DAMARIS <input checked="" type="checkbox"/> Delete 1121 S.W. 84 TERRACE PEMBROKE PINES, FL 33025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date July 5 2006 Daytime Phone # _____					