2007 NOT-FOR-PROFIT CORPORATION

Apr 23, 2007 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # N04000012012 04-23-2007 90047 046 ****61.25 SUNSHINE STATE EDUCATIONAL CLUBS, INC. Principal Place of Business Mailing Address **58 JAMAICA STREET** 58 JAMAICA STREET HOMOSASSA, FL 34446-4275 HOMOSASSA, FL 34446-4275 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232007 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 86-1125377 City & State City & State Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILKERSON, BRUCE D Street Address (P.O. Box Number is Not Acceptable) **58 JAMAICA STREET** HOMOSASSA, FL 34446-4275 City Zip Code FL 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE TITLE Change ☐ Addition NAME WILKERSON, BRUCE D NAME STREET ADDRESS **58 JAMAICA STREET** STREET ADDRESS HOMOSASSA, FL 344464275 CITY-ST-7IP CITY+ST-ZIP President TITLE Delete TITLE ☐ Change Addition Wilkerson, Christine WILKERSON, CHRISTINE M NAME NAME Jamica street STREET ADDRESS **58 JAMAICA STREET** STREET ADDRESS Homos Ass A, 71.34446 - 4275 HOMOSASSA, FL 344464275 CITY-ST-ZIP CITY-ST-ZIP Secretary Delete TITLE TITLE Wethering ton 5 516 Oak Hill 6t WETHERINGTON, STEPHANIE NAME NAME STREET ADDRESS 516 OAKHILL COURT STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 346011264 City-St-70 34601-1264 TITLE ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED