

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012012

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: SUNSHINE STATE EDUCATIONAL CLUBS, INC.

## Current Principal Place of Business:

58 JAMAICA STREET  
HOMOSASSA, FL 344464275

## New Principal Place of Business:

1 JUNGLEPLUM COURT EAST  
HOMOSASSA, FL 344464275

## Current Mailing Address:

58 JAMAICA STREET  
HOMOSASSA, FL 344464275

## New Mailing Address:

1 JUNGLEPLUM COURT EAST  
HOMOSASSA, FL 344464275

FEI Number: 86-1125377

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILKERSON, BRUCE D  
58 JAMAICA STREET  
HOMOSASSA, FL 344464275 US

## Name and Address of New Registered Agent:

WILKERSON, BRUCE D  
1 JUNGLEPLUM COURT EAST  
HOMOSASSA, FL 344464275 US

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:

04/28/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILKERSON, BRUCE D  
Address: 58 JAMAICA STREET  
City-St-Zip: HOMOSASSA, FL 344464275

Title: P ( ) Delete  
Name: WILKERSON, CHRISTINE M  
Address: 58 JAMAICA STREET  
City-St-Zip: HOMOSASSA, FL 344464275

Title: S ( ) Delete  
Name: WETHERINGTON, STEPHANIE  
Address: 516 OAKHILL COURT  
City-St-Zip: BROOKSVILLE, FL 346011264

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WILKERSON, BRUCE D  
Address: 1 JUNGLEPLUM COURT EAST  
City-St-Zip: HOMOSASSA, FL 344464275

Title: P (X) Change ( ) Addition  
Name: WILKERSON, CHRISTINE M  
Address: 1 JUNGLEPLUM COURT EAST  
City-St-Zip: HOMOSASSA, FL 344464275

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTINE M. WILKERSON

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date