

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003412

FILED  
Apr 29, 2006  
Secretary of State

**Entity Name:** SUNSHINE STATE PERFORMING YOUTH ORGANIZATION INC.

**Current Principal Place of Business:**

6400 HOLSTEIN DR.  
FORT MYERS, FL 33905 US

**New Principal Place of Business:**

**Current Mailing Address:**

6400 HOLSTEIN DR.  
FORT MYERS, FL 33905 US

**New Mailing Address:**

**FEI Number:** 50-0016551

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COUCH, MICHAEL D  
3610 TWENTY MILE LEVEL RD.  
LAND O'LAKES, FL 34639 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: PRES ( ) Delete  
Name: BROWN, RICHARD  
Address: 115 EASTHAVEN ST.  
City-St-Zip: OSHAWA, ON L1G 6K4 CA

Title: VP ( ) Delete  
Name: WEIDERHOLD, KEITH A  
Address: 1607 EMMONS AVE.  
City-St-Zip: DAYTON, OH 45410 US

Title: DIR ( ) Delete  
Name: LANDERS, DIANE  
Address: 6400 HOLSTEIN DR.  
City-St-Zip: FORT MYERS, FL 33905 US

Title: DIR ( ) Delete  
Name: COUCH, MICHAEL D  
Address: 3610 TWENTY MILE LEVEL RD.  
City-St-Zip: LAND O' LAKES, FL 34639 US

Title: DIR ( ) Delete  
Name: LYNCH, KENNETH W  
Address: 503 WALKER RD.  
City-St-Zip: SAFETY HARBOUR, FL 34695 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DIANE LANDERS

DIR

04/29/2006

Electronic Signature of Signing Officer or Director

Date