


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000009686	
1. Entity Name SON SHINE CHRISTIAN ASSOCIATION SCHOLARSHIP FUND, INC.	

FILED
08 FEB 21 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1725 NORTHEAST 164TH STREET NORTH MIAMI BEACH, FL 33162	Mailing Address 1725 NORTHEAST 164TH STREET NORTH MIAMI BEACH, FL 33162
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2. Principal Place of Business - No P.O. Box # 8205 NW 38 STREET Suite, Apt. #, etc.	3. Mailing Address 8205 NW 38 STREET Suite, Apt. #, etc.
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City & State CORAL SPRINGS, FL	City & State CORAL SPRINGS, FL
Zip 33065	Country USA


6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
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4. FEI Number 22-3942696	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name DENNY WILLIAMS	
Street Address (P.O. Box Number is Not Acceptable) 8205 NW 38 STREET	
City CORAL SPRINGS	FL Zip Code 33065

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 <u>DENNY WILLIAMS</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>Denny Williams</u> <u>2-15-08</u> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRICE, PETRENA <input checked="" type="checkbox"/> Delete 1725 NORTHEAST 164TH STREET NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BROWN, SHARON <input type="checkbox"/> Delete 1725 NORTHEAST 164TH STREET NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUWA, KEZIAH <input checked="" type="checkbox"/> Delete 1725 NORTHEAST 164TH STREET NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, TREZAVIEUR S <input checked="" type="checkbox"/> Delete 1725 NORTHEAST 164TH STREET NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, DENNY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8205 NW 38 STREET CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, SHARON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8205 NW 38 STREET CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T HOGGE, GEORGE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8205 NW 38 STREET CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000118543040 02/21/08--01029--004 **131.25
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"/> 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: <u>Denny Williams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>DENNY WILLIAMS</u> <u>2-15-08</u> <u>954-600-3436</u> <small>Date Daytime Phone #</small>

Handwritten: 2/22