

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012611

FILED
May 02, 2009
Secretary of State

Entity Name: SUNSHINE KIDS, INC.

Current Principal Place of Business:

2310 EDGEWOOD DR. S.
LAKELAND, FL 33803

New Principal Place of Business:

6838 DOVE CROSS LOOP
LAKELAND, FL 33810

Current Mailing Address:

P.O. BOX 91567
LAKELAND, FL 33804

New Mailing Address:

6838 DOVE CROSS LOOP
LAKELAND, FL 33810

FEI Number: 20-8018229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JACOX, ANITA L
6838 DOVE CROSS LOOP
LAKELAND, FL 33810 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: DOREY, BRUCE
Address: 920 WHISPER LAKE DR
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP () Delete
Name: LOWELL, RUTH
Address: 6839 DOVE CROSS LOOP
City-St-Zip: LAKELAND, FL 33810

Title: SEC () Delete
Name: JACOX, ANITA L
Address: 6838 DOVE CROSS LOOP
City-St-Zip: LAKELAND, FL 33810

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DOREY, BRUCE
Address: 923 GARLAND AVE
City-St-Zip: SEBRING, FL 33875

Title: VP (X) Change () Addition
Name: COLEMAN, MAE
Address: 9402 COUNTY LINE RD
City-St-Zip: LITHIA, FL 33547

Title: SEC (X) Change () Addition
Name: LOWELL, RUTH
Address: 3214 THACKERY WAY
City-St-Zip: PLANT CITY, FL 33566

Title: TRES () Change (X) Addition
Name: RIVERA-MERCADO, MARIA
Address: 760 POWDER BORN RD
City-St-Zip: LAKELAND, FL 33809

Title: ASST () Change (X) Addition
Name: JACOX, ANITA
Address: 6838 DOVE CROSS LOOP
City-St-Zip: LAKELAND, FL 33810

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: ANITA L JACOX

ASST

05/02/2009

Electronic Signature of Signing Officer or Director

Date