

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000012833 1. Entity Name FRIENDS OF THE SUNSHINE CENTER, INC.	
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Principal Place of Business 330 5TH ST. NORTH ST. PETERSBURG, FL 33701	Mailing Address 330 5TH ST. NORTH ST. PETERSBURG, FL 33701
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01082008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 16-1780444	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHARRIE, ROBERT E 5503 38TH AVE. NORTH ST. PETERSBURG, FL 33701
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IN THIS SPACE**

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 _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDEN, WILLIAM 951 79TH AVE. NORTH, #222 ST. PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINDSEY, LEMUEL P. O. BOX 1144 ST. PETERSBURG, FL 33731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, LOTS 700 BEACH DR., #707 ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHMIDT, JOHN 440 1ST AVE. SOUTH ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000871814
04/10/08-80011-023 61.25

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IN THIS SPACE**

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>William Golden</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>William GOLDEN</u> 3/24/08 727 217-0946 Date Daytime Phone #