

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012833

FILED
Feb 03, 2009
Secretary of State

Entity Name: FRIENDS OF THE SUNSHINE CENTER, INC.

Current Principal Place of Business:

330 5TH ST. NORTH
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

330 5TH ST. NORTH
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 16-1780444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHARRIE, ROBERT E
5503 38TH AVE. NORTH
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

MARVIN, SALLY SPVSR
330 5TH ST. N.
ST. PETERSBURG, FL 33701 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: SALLY MARVIN

02/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOLDEN, WILLIAM
Address: 951 79TH AVE. NORTH, #222
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VD () Delete
Name: LINDSEY, LEMUEL
Address: P. O. BOX 1144
City-St-Zip: ST. PETERSBURG, FL 33731

Title: SD () Delete
Name: SMITH, LOIS
Address: 700 BEACH DR., #707
City-St-Zip: ST. PETERSBURG, FL 33701

Title: TD () Delete
Name: SCHMIDT, JOHN
Address: 440 1ST AVE. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LINDSEY, LEMUEL
Address: 733 5TH AVE N., #4
City-St-Zip: ST. PETERSBURG, FL 33704

Title: VP (X) Change () Addition
Name: SINES, BARBARA
Address: 2827 1ST ST NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: SEC (X) Change () Addition
Name: HASKINS, ETHEL
Address: 9605 44TH ST
City-St-Zip: PINELLAS PARK, FL 33782

Title: TREA (X) Change () Addition
Name: DUNN, PATTY
Address: 12360 66TH ST. S., #5
City-St-Zip: LARGO, FL 33773

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: LEMUEL LINDSEY

PRES

02/03/2009

Electronic Signature of Signing Officer or Director

Date