

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000853

FILED
Feb 06, 2009
Secretary of State

Entity Name: SUNSHINE GOAT CLUB OF FLORIDA, INC.

Current Principal Place of Business:

9009 SW 27 CT.
TRENTON, FL 32693

New Principal Place of Business:

Current Mailing Address:

9009 SW 27 CT.
TRENTON, FL 32693

New Mailing Address:

FEI Number: 30-0457985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OWENS, SUSAN
9009 SW 27 CT.
TRENTON, FL 32693 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: PTD () Delete
Name: PREISS, CAROL J.
Address: 14460 SE 175 ST.
City-St-Zip: WEIRSDALE, FL 32195

Title: VSD () Delete
Name: OWENS, SUSAN
Address: 9009 SW 27 CT.
City-St-Zip: TRENTON, FL 32693

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRINSON, DAN
Address: 9318 BAHIA LOOP
City-St-Zip: LAND O' LAKES, FL 34639 US

Title: VP (X) Change () Addition
Name: OWENS, SUSAN
Address: 9009 SW 27 CT.
City-St-Zip: TRENTON, FL 32693 US

Title: T () Change (X) Addition
Name: PREISS, CAROL J
Address: 14460 SE 175TH STREET
City-St-Zip: WEIRSDALE, FL 32195 US

Title: S () Change (X) Addition
Name: BRINSON, RENE
Address: 9318 BAHIA LOOP
City-St-Zip: LAND O' LAKES, FL 34639 US

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: CAROL JEAN PREISS

T

02/06/2009

Electronic Signature of Signing Officer or Director

Date