

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002661

FILED
Apr 24, 2009
Secretary of State

Entity Name: SONSHINE MISSIONS INTERNATIONAL, INC.

Current Principal Place of Business:

6005 CHELLAS CT
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

6005 CHELLAS CT
LUTZ, FL 33558

New Mailing Address:

FEI Number: 51-0669969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NORMAN, JEYAHAR T
6005 CHELLAS CT
LUTZ, FL 33558 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: P () Delete
Name: NORMAN, JEYAHAR T
Address: 6005 CHELLAS CT
City-St-Zip: LUTZ, FL 33558

Title: VP () Delete
Name: NORMAN, ELIZABETH
Address: 6005 CHELLAS CT
City-St-Zip: LUTZ, FL 33558

Title: ST () Delete
Name: GREEN, ROBERT
Address: 10703 RANGE VIEW PLACE
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: BANET, DARYL
Address: 6506 CORNERSTONE DR.
City-St-Zip: FLOYDS KNOBS, IN 47119

Title: D () Delete
Name: HAUSELMAN, ROBERT
Address: 11515 HIGHWAY 31
City-St-Zip: SELLERSBURG, IN 47172

Title: D () Delete
Name: VITANTONIO, ROBERT
Address: 634 CHARLES RD
City-St-Zip: HIGHLAND HEIGHT, OH 44143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEYAHAR T. NORMAN

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date