

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004605

FILED
Feb 18, 2011
Secretary of State

Entity Name: SUNSHINE CENTER FOR HOMELESS VETERANS, INC.

Current Principal Place of Business:

% HARVEY ANTHONY
6050 UTOPIA DRIVE
ZEPHYRHILLS, FL 33540

New Principal Place of Business:

Current Mailing Address:

% HARVEY ANTHONY
6050 UTOPIA DRIVE
ZEPHYRHILLS, FL 33540

New Mailing Address:

FEI Number: 26-2644144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTHONY, HARVEY
6050 UTOPIA DRIVE
ZEPHYRHILLS, FL 33540 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: CEO
Name: ANTHONY, HARVEY N CEO
Address: 6050 UTOPIA DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: D
Name: ANTHONY, TERRY
Address: 8629 SABAL WAY
City-St-Zip: PORT RICHEY, FL 34668

Title: CFO
Name: CARTER, DOROTHY
Address: 10 HIGH ST
City-St-Zip: OAKLAND, ME 04963

I hereby 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 all other like empowered.

SIGNATURE: HARVEY N. ANTHONY

CEO

02/18/2011

Electronic Signature of Signing Officer or Director

Date