

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004605

**FILED**  
**Feb 09, 2012**  
**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 (X)

**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

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date