

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010287

FILED
Apr 29, 2009
Secretary of State

Entity Name: FOE SUNSHINE AUX GAINESVILLE FL 4518 INC

Current Principal Place of Business:

4562 NW 13TH STREET
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

4562 NW 13TH STREET
GAINESVILLE, FL 32609 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRACE, PATRICK M
4562 NW 13TH STREET
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

GRACE, PATRICK M SEC
4562 NW 13TH STREET
GAINESVILLE, FL 32609 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: GRACE M PATRICK

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HUKLE, JAN
Address: 4562 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32609 US

Title: TRU () Delete
Name: HICKS, PATRICIA
Address: 4562 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32609 US

Title: SEC () Delete
Name: PATRICK, GRACE M
Address: 4562 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32609 US

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

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

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

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: TRU () Change (X) Addition
Name: MARSHALL, MARTY
Address: 4562 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32609 US

Title: TREA () Change (X) Addition
Name: FOX, KAREN
Address: 4562 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32609 US

Title: TRU () Change (X) Addition
Name: BROPHY, LOUISE
Address: 4562 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32609 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: GRACE M PATRICK

SEC

04/29/2009

Electronic Signature of Signing Officer or Director

Date