

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010336

FILED  
Mar 09, 2010  
Secretary of State

**Entity Name:** SUNSHINE SWAMPERS 4X4 CLUB INC

**Current Principal Place of Business:**

14339 STARBRIGHT DRIVE  
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

14339 STARBRIGHT DRIVE  
DADE CITY, FL 33525

**New Mailing Address:**

**FEI Number:** 20-0670291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GANT, BARBARA  
14339 STARBRIGHT DRIVE  
DADE CITY, FL 33525 US

**Name and Address of New Registered Agent:**

JOHNSON, TONYA  
37404 GASKIN AVE  
DADE CITY, FL 33523 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: TONYA JOHNSON

03/09/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HOLDEN, STEWART  
Address: 37117 PRICE DRIVE  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: VPD  
Name: GANT, RANDY  
Address: 14339 STARBRIGHT DRIVE  
City-St-Zip: DADE CITY, FL 33525

Title: SD  
Name: HOLDEN, KAREN  
Address: 37117 PRICE DRIVE  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: TD  
Name: JOHNSON, TONYA  
Address: 37404 GASKIN AVE  
City-St-Zip: DADE CITY, FL 33523

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: TONYA JOHNSON

TD

03/09/2010

Electronic Signature of Signing Officer or Director

Date