

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009143

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** SUNSHINE CENTER FOR PUBLIC SERVICE REPORTING, INC.

**Current Principal Place of Business:**

1175 SHADY LANE  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

1175 SHADY LANE  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

1175 SHADY LANE  
MERRITT ISLAND, FL 32952 UN

**FEI Number:** 27-2239149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KETCHAM, DALE R  
1175 SHADY LANE  
MERRITT ISLAND, FL 32952 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: PS  
Name: KETCHAM, DALE R  
Address: 1175 SHADY LANE  
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: SRVP  
Name: BLOCK, ROBERT J  
Address: 1258 GUY ISLAND DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: EXVP  
Name: SHAW, ROBERT D  
Address: 546 SOUTH HYER AVENUE  
City-St-Zip: ORLANDO, FL 32801 US

Title: T  
Name: SPEAR, KEVIN  
Address: 633 NORTH ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32801 US

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:** DALE R KETCHAM

PS

04/26/2012

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

\_\_\_\_\_  
Date