# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2011**
**Secretary of State**

DOCUMENT# N09000011586

**Entity Name:** DIVINE SUNSHINE 4 FAMILIES INC.

**Current Principal Place of Business:**

10210 PAN AMERICAN DR
CUTLER BAY, FL 33189

**New Principal Place of Business:**

**Current Mailing Address:**

10210 PAN AMERICAN DR
CUTLER BAY, FL 33189

**New Mailing Address:**

**FEI Number: 80-0539926** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ELLICK, ALLICIA S
10210 PAN AMERICAN DR
CUTLER BAY, FL 33189 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: PCT
Name: ELLICK, ALLICIA S
Address: 10210 PAN AMERICAN DR
City-St-Zip: CUTLER BAY, FL 33189

Title: MGR
Name: NOLTON, FREDDIE
Address: 7010 BRANCH CROSSING WAY
City-St-Zip: DOUGLASVILLE, GA 30134P

Title: VP
Name: WILLIAMS, EBONY
Address: 9041 SW 156 STREET APT 125B
City-St-Zip: PALMETTO BAY, FL 33157

Title: AS
Name: PERRY, DORA
Address: 21145 BLUEWATER RD
City-St-Zip: CUTLER BAY, FL 33189

Title: S
Name: SNOW, DELORES
Address: 12010 SW 179TH TER
City-St-Zip: MIAMI, FL 33157

Title: MGRM
Name: RAE, CHRISTOPHER
Address: 10210 PAN AMERICAN DR
City-St-Zip: CUTLER BAY, FL 33189

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: ALLICIA STEPHANIE ELLICK CEO 04/21/2011

Electronic Signature of Signing Officer or Director — Date