

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003957

FILED
Apr 06, 2012
Secretary of State

Entity Name: SUNSHINE STATE SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

48 EAST MAIN ST.
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

48 EAST MAIN STREET
APOPKA, FL 32703

New Mailing Address:

FEI Number: 27-2403309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEOD, WILLIAM J
48 EAST MAIN STREET
APOPKA, FL 32703 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: D/S
Name: ADEEB, PATTY
Address: 13846 ATLANTIC BLVD., #812
City-St-Zip: JACKSONVILLE, FL 32225

Title: D/VP
Name: GRIFFIN, ANN MARIE
Address: 10895 SW 288TH STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: D/P
Name: KREIGER, KIM R
Address: 7850 ST. ANDREWS CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: D/T
Name: DESAI, DEVANG
Address: 420 SOUTH DIXIE HWY., 3RD FLOOR
City-St-Zip: CORAL GABLES, FL 33146

Title: D/VP
Name: MATTHEWS, J. MICHAEL
Address: 2411 W. HORATIO STREET, #529
City-St-Zip: TAMPA, FL 33609

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: KIM R. KREIGER

D/P

04/06/2012

Electronic Signature of Signing Officer or Director

Date