2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 17, 2012
Secretary of State

DOCUMENT# N10000003957

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/P
Name: MCLEOD, RAYMOND A
Address: 48 EAST MAIN STREET
City-St-Zip: APOPKA, FL 32703

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

Title: D/S
Name: DONALDSON, JORDAN
Address: 121 SOUTH ORANGE AVENUE - SUITE 1500
City-St-Zip: ORLANDO, FL 32801

Title: D/T
Name: PERCOPO, JOSEPH M
Address: 1348 HAMPSTEAD TERRACE
City-St-Zip: OVIEDO, FL 32765

Title: D
Name: HOLSONBACK, CAROLE
Address: 632 SEGOVIA COURT NE
City-St-Zip: ST. PETERSBURG, FL 33703

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: RAYMOND A. MCLEOD D/P 07/17/2012

Electronic Signature of Signing Officer or Director — Date