

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002467

FILED  
Jan 13, 2012  
Secretary of State

**Entity Name:** SUNSHINE CITY CARRIERS CHARITIES, INC.

**Current Principal Place of Business:**

5369 PARK BOULEVARD  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

5369 PARK BOULEVARD  
PINELLAS PARK, FL 33781

**New Mailing Address:**

**FEI Number:** 27-4685638

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STROUP, LES  
5369 PARK BOULEVARD  
PINELLAS PARK, FL 33781 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:** P  
**Name:** CARROLL, ALBERT E  
**Address:** 5369 PARK BOULEVARD  
**City-St-Zip:** PINELLAS PARK, FL 33781

**Title:** VP  
**Name:** ELLIOT, ORVILLE  
**Address:** 5369 PARK BOULEVARD  
**City-St-Zip:** PINELLAS PARK, FL 33781

**Title:** SD  
**Name:** POLLOCK, CYNTHIA  
**Address:** 5369 PARK BOULEVARD  
**City-St-Zip:** PINELLAS PARK, FL 33781

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:** ALBERT E CARROLL

PRES

01/13/2012

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

\_\_\_\_\_  
Date