FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCU 1. Corporation	MENT # N1716	4 (7)					
SUNSI	HINE DISTRICT, INC.						
Principal Place of Business		Mailing Address	Mailing Address		OF INDIO BAIN DIEL BEDN BI	EH BINH BINH D	
6210 BROOKHILL CIR		6210 BROOKHILL CIR					
ORLANDO FL	32810	ORLANDO FL 32810-3958					
				3. Date Incorporated or 10/07/1986		03/12/19	
-	Place of Business	2a. Mailing Address		4. FEI Number		Ar	pplied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-2782829			ot Applicable
22	w, 0.00.	27		5. Certificate of Status (Desired		Additional equired
City & Stat	e	City & State		6. Election Campaign F		\$5.00	May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contributi		······································	to Fees
24	25	—, ·	30	8. This corporation has Florida Statutes		e tax under s D No	. 199.032,
	9. Name and Address of Curren			10. Name and Address		Agent	
			81 Name	Cempton S. Ho	Dulana		
TAYLOR, JANICE			82 Street	Address P.O. Box Number is No	t Acceptable)		
1220 PALMETTO ROAD EUSTIC FL 32726			83	6 Chown Daks	· way		
	1 4 41.11		84 City L			lec Zin	Codo
			,	-ongwood	FL	. 35	<u> </u>
11. Pursuant office or i	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the obligi	2 and 617.1508, Fforida Statut of Florida, Such change was a	es, the above-named withorized by the corp	corpofetion submits this stateme poration's board of directors. I ha	int for the purpose o reby accept the app	f changing It pointment as	is registered registered
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	im tamiliar with, and accept the obliga	itions of, Section 617,0303, Fit	irida Statutes.				"
SIGNATURE		ni endore a spe cable (NOT	Registered Agent signature		-90 April	4 /77	4
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES	TO OFFICERS AND		
NAME	TAYLOR, JANICE	ZZ DELEIE	1.1 TITLE 1.2 NAME	Kempton S. How	a nΩ.	Change	Addition
STREET ADDRESS	1220 PALMETTO ROAD		1.3 STREET ADORESS	Kempton S. Howl	Dix		
CITY-ST-ZIP	EUSTIS FL 32728		1.4 CITY-ST-ZIP	Longwood, FL 32	1779-4995		
TITLE	T	DELETE	2.1 TITLE	1		☐ Change	Addition
NAME	CARVER, DIANNE 1471 CLAY BLVD.		2.2 NAME	Penny Gilman			
STREET ADDRESS CITY-ST-ZIP	EUSTIS FL 32726		2.3 STREET ADDRESS 2.4 City-St-Zip	Maitland. FL 3	2751		
TITLE	D	DELETE	3.1 TITLE	5	<u> </u>	Change	Addition
NAME	GOODWIN, DEBBIE	•	3.2 NAME	manilyn Fer Bor	X		
STREET ADDRESS	500 FERN AVE.			2717 Blaver Roa	<i>0</i> 4		
CITY-ST-ZIP TITLE	TAVARES FL 32778	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Winder Park, FL	<u> 32 192</u>	Change	Addition
NAME	KURTZ, RUTHE	A	4. 2 NAME	Helen Galloway	(Change	- Production
STREET ADDRESS	1310 ALTALOMA AVE.		4.3 STREET ADDRESS	618 Albertson PX	nce		
CITY-ST-ZIP	ORLANDO FL 32803-2713		4.4 CITY-ST-ZIP	Orlando, FL 3:	2806		
TITLE	D METEED ANNE	DELETE	5.1 TITLE	D A millano		Change	Addition
NAME STREET ADDRESS	METEER, ANNE 5526 6TH STREET		5.2 NAME	Paul Mullens 6322 Sweet work	y Drive		
CITY-ST-ZIP	ZEPHYRHILLS FL		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Liveland. FL 3	3811-1967		
TITLE	D	DELETE	6.1 TITLE	-A	- 911 114 /	Change	Addition
NAME	NOVO-MESKY, FRED		6.2 NAME				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 op-block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

1641 N PATLIN CIRCLE

LARGO FL

MAN STATE OF PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

4 30 97 407-805-4104 Date Prone # 0017147

FILED

May 13 1997 8:00am

Secretary of State