


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N20827 1. Entity Name J.H. FLOYD SUNSHINE VILLAGE, INC.	
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Principal Place of Business 1777 18TH STREET SARASOTA, FL 34234 US	Mailing Address 1777 18TH STREET SARASOTA, FL 34234 US
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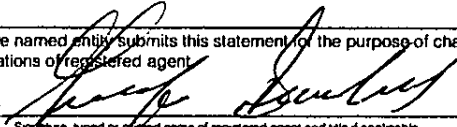
01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 58-1737441	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BUMBRAY, GEORGE B 1777 18TH STREET SARASOTA, FL 34234
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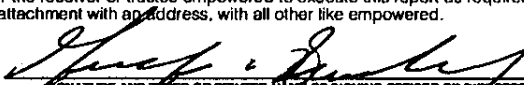
**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>	DATE 1/24/08

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000923730 05/16/08-80043-014 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINS, GWENDOLYN 2415 N. TUTTLE AVE SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUMBRAY, GEORGE 2744 20TH ST. SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BROWN, JAMES C 2439 WALKER CIRCLE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DANNIE P. O. BOX 2297 SARASOTA, FL 34230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, WALTER P.O. BOX 2297 SARASOTA, FL 34230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: 1/24/08 Daytime Phone #: 941-366-6307