

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:18

DOCUMENT # N29077 (7)

1. Corporation Name

SUNSHINE EXPRESS HARMONY, INC.

Principal Place of Business

3036 INDIA BLVD.
DELTONA FL 32728-6171

Mailing Address

3036 INDIA BLVD.
DELTONA FL 32728-6171

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1988

3a. Date of Last Report

03/21/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 1379 Sacramento St.
Suite, Apt. #, etc.

2a. Mailing Address

26 1379 Sacramento St.
Suite, Apt. #, etc.

City & State

23 Deltona, Fl.

City & State

28 Deltona, Fl.

Zip

24 32725

Country

25 USA

Zip

29 32725

Country

30 USA

9. Name and Address of Current Registered Agent

FELSKE, VIRGINIA
83 SMYRNA DRIVE
DEBARY FL 32763

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WILSON, MARY
STREET ADDRESS 230 S. CENTER ST.
CITY-ST-ZIP PIERSON FL 32180

TITLE VD
NAME WILSON, LOUISE
STREET ADDRESS 118 ALANO ROAD
CITY-ST-ZIP DEBARY FL 32713

TITLE SD
NAME GROW MARIE
STREET ADDRESS 3036 INDIA BLVD.
CITY-ST-ZIP DELTONA FL 32738

TITLE TD
NAME WIELT, MATILDA
STREET ADDRESS 15 PARK AVE.
CITY-ST-ZIP DELEON SPRINGS FL 32130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Law, Lynn M.
1.3 STREET ADDRESS 4132 Woodland Circle
1.4 CITY-ST-ZIP Deland, Fl. 32724

2.1 TITLE V/D ☒ Change ☐ Addition
2.2 NAME Laube, Clarene
2.3 STREET ADDRESS 1310 Virginia Ave.
2.4 CITY-ST-ZIP Delecon Springs, Fl. 32130

3.1 TITLE S/D ☒ Change ☐ Addition
3.2 NAME Little, Marc
3.3 STREET ADDRESS 1379 Sacramento St. - Deltona, Fl. 32725
3.4 CITY-ST-ZIP

4.1 TITLE T/D ☒ Change ☐ Addition
4.2 NAME Wielt, Mathilda M.
4.3 STREET ADDRESS 15 Park Ave. - Delecon Springs, Fl. 32130
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mathilda M. Wielt

MATHILDA M. WIELT

3/7/95

(904) 995-4713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime 1995