

***FILE NOW: FILING FEE IS \$61.25**

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N29077 (7)

1. Corporation Name

SUNSHINE EXPRESS HARMONY, INC.



Principal Place of Business

Mailing Address

1379 SACRAMENTO ST.
DELTONA FL 32725
US

1379 SACRAMENTO ST.
DELTONA FL 32725
US

3. Date Incorporated or Qualified
11/02/1988

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21 15 Park Ave.

26 15 Park Ave.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 DeLeon Springs, FL

27 City & State

28 DeLeon Springs, FL

24 Zip

32130

25 Country

USA

29 Zip

32130

30 Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

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)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **LAW, LYNN M**
STREET ADDRESS **4132 WOODLAND CIRCLE**
CITY-ST-ZIP **DELAND FL**

TITLE **VD** ☒ DELETE
NAME **LAUBE, CLARENE**
STREET ADDRESS **1310 VIRGINIA AVE.**
CITY-ST-ZIP **DELEON SPRINGS FL**

TITLE **SD** ☒ DELETE
NAME **LITTLE, MARCY**
STREET ADDRESS **1379 SACRAMENTO ST.**
CITY-ST-ZIP **DELTONA FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **DOROTHY VIOLA**
1.3 STREET ADDRESS **2628 MORGAN RD.**
1.4 CITY-ST-ZIP **DELAND FL 32720**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **LOUISE WILSON**
2.3 STREET ADDRESS **118 ALANO RD.**
2.4 CITY-ST-ZIP **DEBARY FL 32713**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **MARTHA PAYEA**
3.3 STREET ADDRESS **1397 LYDIA DR**
3.4 CITY-ST-ZIP **DELTONA FL 32725**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **WIELT, MATHILDA**
4.3 STREET ADDRESS
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)(k), 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mathilda Wiertel **TD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATHILDA WIELT

3/11/96

(904) 985-4713

CR2E037 (12/95)