## 2003 NOT-FOR-PROFIT CORPORATION

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JMENT # <b>N299</b>								
THE SUN ROOM SENIOR CENTER, INC.					FILED			
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ace of Business		=			SECRETARY	Ok Sign		
33870					TALLAHASSE	Ĕ, PLORIDA		
					1 100 1100 ESE (1010	TOUR LOUGH DIEGN FRIL GIRLY I		
Place of Business	3. Ma	ailing Address		<del></del>		)		<b>                 </b>
ot. #, etc.	S	uite, Apt. #, etc.				HECK HERE IF MAKIN	NG CHANGES	
City & State		City & State			4. FEI Number 59-2940854 Applied For Not Applied For			
Country	Z	Zip Cour		ntry			\$8.75 Add	litional
6. Name and Address of Cu	ırrent Register	ed Agent			7. Name and Addre	ss of New Registered	d Agent	
				Name				
SWENSON, J RICHARD 220 THRUSH AVE				Street Address (P.O. Box Number is Not Acceptable)				
G FL 33872								
				City		F	Zip Code	)
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25			Election Campaign Financing			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State		
OFFICERS AN	ND DIRECTORS	<u>                                       </u>	11.		ADDITIONS/CHANGES	TO OFFICERS AND I	DIRECTORS IN	10
DST BAUMER, DAN \$ 2630 SEBRING FL		□ Delete	NAME STREE	:			☐ Change	Addition
DV SMITH, DALE	<del></del>			- · · <del>-</del> · ·				
SEBRING FL		□ Delete	1	-	<b>5000</b> 09/26/03-	233675 61077-01	☐ Change 216 **236,23	☐ Addition
SEBRING FL DST DAUMER, DAN S 2630 WHATLEY BLVD		☐ Delete	NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP	<b>5000</b> 09/26/03-	233 <b>6</b> 75	☐ Change	☐ Addition
SEBRING FL  DST  DAUMER, DAN  2630 WHATLEY BLVD SEBRING FL  D KING, SAMUEL D  1000 WOODMERE DR		-8	NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	<b>5000</b> 09/26/03-	23 <b>367</b> 5	<b>26</b> **236,25	5
SEBRING FL DST DAUMER, DAN SEBRING FL D KING, SAMUEL D SIDON WOODMERE DR AVON PARK FL		□ Delete □ Delete	NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	<b>6000</b> 09/26/03	233675	**236.25	Addition
SEBRING FL  DST  DAUMER, DAN  2630 WHATLEY BLVD SEBRING FL  D KING, SAMUEL D  1000 WOODMERE DR		☐ Delete	NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	<b>6000</b> 09/26/03	233675	2 6 **236,25 □ Change	☐ Addition
	Place of Business G AVE 33870  Place of Business  It. #, etc.  ate  Country  6. Name and Address of Cu  DN, J RICHARD RUSH AVE G FL 33872  The named entity submits this statemations of registered agent.  Signature, typed or printed name of registere  FILE NOW: FEE IS \$61.25  ptember 10, 2003, min will the open country of the country o	Ace of Business G AVE 3015 I SEBRI Place of Business II. #, etc. St. #, etc. St. #, etc. St. # Country  G. Name and Address of Current Register CON, J RICHARD RUSH AVE G FL 33872  The named entity submits this statement for the pure ations of registered agent.  Signature, typed or printed name of registered agent and title if appropriate to the pure ations of the pure ations of registered agent.  FILE NOW: FEE IS \$61.25 Stember 10, 2003, min will be \$236.25  OFFICERS AND DIRECTORS DST BAUMER, DAN 3630 SEBRING FL	Acc of Business  G AVE 3015 HERRING AVE 33870  Place of Business  I. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  B. Name and Address of Current Registered Agent  CON, J RICHARD  RUSH AVE G FL 33872  The named entity submits this statement for the purpose of changing its ations of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE  FILE NOW: FEE IS \$61.25  Defender 10, 2003, min will be \$236.25  DST  BAUMER, DAN 3630  SEBRING FL	Mailing Address G AVE 3015 HERRING AVE 33870  Place of Business  3. Mailing Address  t. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Ave 3 FL 33872  Fe named entity submits this statement for the purpose of changing its registered ations of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  NOTE: Registered  Place of Business  3. Mailing Address  Suite, Apt. #, etc.  Country  Zip  Country  Zip  Country  Signature and Address of Current Registered Agent  Country  Signature, typed or printed name of registered agent and title if applicable.  NOTE: Registered agent and title if applicable.  FILE NOW: FEE IS \$61.25  OFFICERS AND DIRECTORS  11.  DST  BAUMER, DAN  STREI  STREI  SOST  BAUMER, DAN  STREI  SOST  SOST	Acce of Business  G AVE 3015 HERRING AVE SEBRING FL 33870  Place of Business  i. 3. Mailing Address  bit. #, etc.  Suite, Apt. #, etc.  City & State  Country  Country  Country  Country  Country  Country  Ame  Street Address  City  Free named entity submits this statement for the purpose of changing its registered office or registations of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  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Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.	Mailing Address G AVE 33870  SEBRING FL 33870  Place of Business  I. #, etc.  Suite, Apt. #, etc.  Country  Zip  Country  Zip  Country  5. Certificate of State  Name  ON, J RICHARD  RUSH AVE G FL 33872  City  Replaced agent  Street Address (P.O. Box Number is No attions of registered agent)  Signature, typed or printed name of registered agent and sittle if applicable.  Note: Registered Agent islandarure required when reinstating)  FILE NOW: FEE IS \$61.25  Street ADD ITIER Registered Agent islandarure required when reinstating)  Place of Business  Address  Octive  Country  Agent  Agent  Agent  Agent  Agent  Agent  Agent  Agent signature required when reinstating)  FILE NOW: FEE IS \$61.25  Street ADDITIONS/CHANGES  DEST  BAUMER, DAN	Aside of Business  G AVE  3015 HERRING AVE  \$58BRING FL 33870  Place of Business  I. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  5. Certificate of Status Desired  Name  Name and Address of Current Registered Agent  Name  Name  Name  Name  Name  Name  On, J RICHARD  RUSH AVE  3 FL 33872  City  Free named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lar ations of registered agent.  NAME  NOTE: Registered Agent signature required when rainstalling)  DATE  FILE NOW: FEE IS \$61.25  Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND INDEED TRUST AND CONTRIBED TO AND CONTRIBED TO AND CONTRIBED TO ADDITIONS/CHANGES TO OFFICERS AND INDEED TO AND CONTRIBED TO	Mailing Address  G AVE 3015 HERRING AVE 30870  SEBRING FL 30870  SEBRING FL 30870  SEBRING FL 30870  Place of Business  1 3. Mailing Address  1 3. Mailing Address  1 4. FEI Number 59-2940854  In #, etc.  Country  Country  Country  Country  Country  5. Certificate of Status Desired  Required  6. Name and Address of Current Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Re required  City  FL  Zip Code  Registered agent, or both, in the State of Florida. I am familiar with, a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a statement for the purpose of changing its registered agent and statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a statement for the purpose of changing its registered agent and statement for the purpose of changing its registered agent.  Signature, typed or printed nerve of registered agent and statement for the purpose of changing its registered agent.  PILE

I nereby 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 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:

863 385 4697

Daytime Phone #