

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90019 004 ****70.00

DOCUMENT # N33577

1. Entity Name
SONSHINE DAY PRESCHOOL, INC.



Principal Place of Business
**10000 NEWBERRY RD.
GAINESVILLE, FL 32606**

Mailing Address
**10000 NEWBERRY RD.
GAINESVILLE, FL 32606**

54061347



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2965294

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COWART, PAULINE
10000 NEWBERRY RD.
GAINESVILLE, FL 32606**

Name

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

City

FL

Zip Code

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 Pauline Cowart

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

(NOTE: Registered Agent signature required when reinstating)

6/30/04

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--------------------------------------------|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ALLEN, LISA | |
| STREET ADDRESS | 2327 NW 40TH PL | |
| CITY-ST-ZIP | GAINESVILLE, FL 32605 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | TERRY, DIANE | |
| STREET ADDRESS | 205 SW 40TH TERR | |
| CITY-ST-ZIP | GAINESVILLE, FL 326072788 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | CREWS, TERRY | |
| STREET ADDRESS | 4630 NW 27TH TERR. | |
| CITY-ST-ZIP | GAINESVILLE, FL 32605 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SMITH, JANE | |
| STREET ADDRESS | 3847 SW 6TH PL | |
| CITY-ST-ZIP | GAINESVILLE, FL 32607221 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DERIESE, CAROLE | |
| STREET ADDRESS | 8502 SW 52ND PL | |
| CITY-ST-ZIP | GAINESVILLE, FL 32608 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COWART, PAULINE | |
| STREET ADDRESS | 4311 NW 13TH AVE | |
| CITY-ST-ZIP | GAINESVILLE, FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|------------------------------------------------------------------------------|
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Joyce Quesenberry | |
| STREET ADDRESS | 6848 NW 39th Ave | |
| CITY-ST-ZIP | Gainesville FL 32606 | |
| TITLE | D. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Diane Terry | |
| STREET ADDRESS | 205 SW 40th Terr | |
| CITY-ST-ZIP | Gainesville FL 32607-2788 | |
| TITLE | Sandy Anderson - D. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 1904 SW 86th Terr | |
| STREET ADDRESS | Gainesville, FL 32607-3493 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Melanie Bolt | |
| STREET ADDRESS | 10527 NW 14th Place | |
| CITY-ST-ZIP | Gainesville FL 32606 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Jill Robertson | |
| STREET ADDRESS | 9702 SW 35th Lane | |
| CITY-ST-ZIP | Gainesville FL 32608 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Fran Terhune | |
| STREET ADDRESS | 12213 NW 10th Pl | |
| CITY-ST-ZIP | Newberry FL 32669-2724 | |

12. I 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 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: Pauline Cowart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/04

Date

352-333-007

Daytime Phone #