


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N40169 1. Entity Name HIALEAH MIDDLE SCHOOL SUNSHINE FUND, INC.	
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Principal Place of Business 6027 E. 7 AVENUE HIALEAH, FL 33013	Mailing Address 6027 E. 7 AVENUE HIALEAH, FL 33013
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01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0218546	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FRYE-NESMITH, BARBARA 1523 NW 178TH WAY PEMBROKE PINES, FL 33029
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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 reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRYE-NESMITH, BARBARA 1523 NW 17B WAY PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SANCHEZ, ILLEANA 750 E 39TH STREET HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BS PUSEY, JANE PO BOX 22943 MIAMI, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000004356
01/15/04-80008-010 61.25

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: <i>Barbara Frye-Nesmith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>1-7-04</i> <small>Date</small>	<i>(305) 681-3527</i> <small>Daytime Phone #</small>
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