FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N41894 (9)

1. Corporation Name
SUNSHINE ASSOCIATION INC.

Principal Place of Business	Mailing Address
19 S.E. 49TH DRIVE GAINESVILLE FL 32601	19 S.E. 49TH DRIVE GAINESVILLE FL 32601

3. Date Incorporated or Qualified: 01/31/1991
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-3049470 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1805 NW 31st Pl	26 P.O. Box 141582
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Gainesville FLA	City & State 28 Gainesville FLA
Zip / Country 24 32601 / 25 Alachua	Zip / Country 29 32605 / 30 Alachua

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

9. Name and Address of Current Registered Agent

BROWN, OLIVIA
1000 SE 18TH TERR
GAINESVILLE FL 32601

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 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 Olivia Brown Olivia Brown DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	BURKETT, AARON	12 NAME	
STREET ADDRESS	6574 BRAINERD RD. #2109	13 STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN	14 CITY-ST-ZIP	
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	THOMAS, FRANCES	22 NAME	
STREET ADDRESS	5401 SW 62ND AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MILES, HAROLD	32 NAME	
STREET ADDRESS	19 SE 49TH DR.	33 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	
TITLE	PMD	41 TITLE	☐ Change ☐ Addition
NAME	MILES, LUCILLE	42 NAME	
STREET ADDRESS	19 SE 49TH DR.	43 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☑ Change ☐ Addition
NAME	POWELL, BEVERLY	52 NAME	Cassandra Harris
STREET ADDRESS	3715 NW 8TH AVE	53 STREET ADDRESS	300 NW 18th Street Apt 27
CITY-ST-ZIP	GAINESVILLE FL	54 CITY-ST-ZIP	Gainesville FL 32603
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), 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: Harold Miles Harold Miles 4-19-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030150