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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

N41894

(9)

DOCUMENT #
1. Corporation Name SUNSHINE ASSOCIATION INC.

APPROVED AND FILED 96 NPR 26 NM 10: 53 SECRETARY OF STATE TALLAHASSEF, FLORIDA



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Principal Place of Business  1805 NW 31ST PL		•					
1805 NW 31ST GAINESVILLE F		1806 NW 31ST PL Gainesville FL 32605					
OF HISPOTIESE	: <del>- 3=141</del>			Date Incorporated or Qualification	ed 3a. Date of L		
	•			01/31/1991	04/1	9/1995	
Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3049470	Ţ	Applied For	
			26 Po box 141582			Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		.75 Additional ee Required	
City & State		City & State		6. Election Campaign Financin	ng _ <b>\$</b> 5	5.00 May Be	
City & State		28 Exunesvile	シドリ	Trust Fund Contribution		dded to Fees	
Zip	Country	Zip	Country	8. This corporation has liability		er s. 199.032,	
	25	29 32614	30 AJachul		Yes No		
	9. Name and Address of Curren	t Registered Agent	B1 Name	10. Name and Address of No	negistereo Agent	<u> </u>	
			L	sillie Bryan	T		
Brown,			82 Street A	ddress (P.O. Box Number is Not Acce	optable)		
	18TH TERR		83				
GAINESV	/ILLE FL 32601		63				
			84 City	oc. Jh	FL 85	Zip Code	
		1017.1500 = 1.1	1 4	LINCSVILE .	e numose of changing	its registered office	
or registere	id agent, or both, in the State of Flori	da. Such change was authorize	at by the corporation sit	poration submits this statement for the loard of directors. I hereby accept the	appointment as regist	ered agent. I am	
familiar with	n, and accept the obligations of, Sect	ion 617.0503, Florida Statutes.	•				
ignature 🔔	Senature, turned or oriented pages of regulated access	t and attent annicable (N∩T	E Registered Agent signature re		DATE		
S	Signature, typed or printed name of registered agent OFFICERS AN	and title if applicable (NOT D DIRECTORS	E Registered Agent signature re	gwed wien reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRE		
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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)(ii). Florida Statutes: Interfer 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 changing, of bin an attachment with an address.

Harold Miks 3-1094 352 - 337 9039