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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41894 (9)

1. Corporation Name

SUNSHINE ASSOCIATION INC.

Principal Place of Business 1805 NW 31ST PL GAINESVILLE FL 32605	Mailing Address 1805 NW 31ST PL GAINESVILLE FL 32605
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/31/1991	3a. Date of Last Report 04/19/1995
4. FEI Number 59-3049470	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BROWN, OLIVA 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 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	BURKETT, AARON
STREET ADDRESS	6574 BRAINERD RD. #2109
CITY- ST- ZIP	CHATTANOOGA TN
TITLE	DT
NAME	THOMAS, FRANCES
STREET ADDRESS	5401 SW 62ND AVE.
CITY- ST- ZIP	GAINESVILLE FL
TITLE	D
NAME	MILES, HAROLD
STREET ADDRESS	19 SE 49TH DR.
CITY- ST- ZIP	GAINESVILLE FL
TITLE	PMD
NAME	MILES, LUCILLE
STREET ADDRESS	19 SE 49TH DR.
CITY- ST- ZIP	GAINESVILLE FL
TITLE	S
NAME	HARRIS, CASSANDRA
STREET ADDRESS	300 NW 18TH STREET #27
CITY- ST- ZIP	GAINESVILLE FL 32603
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Treasurer Aaron Burkett
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	900001297129
3.1 TITLE	-04/29/96--01008--012
3.2 NAME	****122.50 ****61.25
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	President Harold miles
4.3 STREET ADDRESS	19 SE 49th DR
4.4 CITY- ST- ZIP	Gainesville FL 32601
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)