

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000001542 (9) 1. Corporation Name SUNSHINE INDEPENDENT AND THERAPY DOGS, INCORPORATED					
Principal Place of Business ROUTE 1 BOX 224 INTERLACHEN FL 32148 US		Mailing Address RT 1, BOX 224 INTERLACHEN FL 32148 US			
2. Principal Place of Business 21 Route I Box 224 Suite, Apt. #, etc. 22 City & State 23 Interlachen Florida Zip 24 32148 Country 25 USA		2a. Mailing Address 26 Route I Box 224 Suite, Apt. #, etc. 27 City & State 28 Interlachen, FL Zip 29 32148 Country 30 USA		3. Date Incorporated or Qualified 03/29/1994 4. FEI Number 59-3234778 Applied For Not Applicable 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent LUCIA, JUDITH A RT 1, BOX 224 INTERLACHEN FL 32148		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 Judith A Lucia Route I Box 224 Interlachen FL 32148			
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 <u>Judith A Lucia</u> DATE <u>3/20/98</u> (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUCIA, JUDITH A RT. 1 BOX 224 INTERLACHEN FL 32148	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD LUCIA, JAMES R RT. 1 BOX 224 INTERLACHEN FL 32148	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORMAN, RICHARD RT. 4 BOX 528R INTERLACHEN FL 32148	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORMAN, CHERYL RT. 4 BOX 528R INTERLACHEN FL 32148	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

14. 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 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: Judith A Lucia 3/20/98 (904) 684-3262

CR2E037 (10/97)