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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001542

1. Corporation Name

SUNSHINE INDEPENDENT AND THERAPY DOGS, INCORPORATED

Principal Place of Business	Mailing Address
ROUTE 1 BOX 224 INTERLACHER FL 32148 US	RT 1. BOX 224 INTERLACHEN FL 32148 US

2. Principal Place of Business 21 111 Redbud Drive 22 Interlachen 23 Florida 24 32148 Country USA 25 Putnam	2a. Mailing Address 26 111 Redbud Drive 27 Interlachen 28 Florida 29 32148 Country 30 USA	3. Date Incorporated or Qualifed 03/29/1994 4. FEI Number 59-3234778 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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 Lucia, Judith A
82 Street Address (P.O. Box Number is Not Acceptable) 111 Redbud Drive
83 Interlachen
84 City Florida FL 85 Zip Code 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 Judith A Lucia 4/19/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PD Lucia, Judith A 111 Redbud Drive Interlachen, Fl 32148	☐ 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	VPSD Lucia, James R 111 Redbud Drive Interlachen, Fl 32148	☐ 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	Trustee Edward Richard Hoffman PO Box 259 Interlachen, Fl 32148	☐ 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	Trustee Marcy Hoffman PO Box 259 Interlachen, Fl 32148	☐ 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, with all other like empowered.

SIGNATURE: Judith A Lucia SIGNATURE REQUIRED Judith A Lucia 4/19/99 (904)684-3262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)