2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

Mar 01, 2005 8:00 am **Secretary of State** DOCUMENT # N94000001542 1. Entity Name 03-01-2005 90079 004 ****61.25 SUNSHINE INDEPENDENT AND THERAPY DOGS, **INCORPORATED** Principal Place of Business Mailing Address 111 REDBUD DR 111 REDBUD DR INTERLACHEN FL 32148 INTERLACHEN FL 32148 3. Mailing Address 111 Red bud Drice 2. Principal Place of Business Red bus Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State Applied For City & State 4. FEI Number nterlachen 59-3234778 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUCIA, JUDITH A 111 RÉDBUD DR **INTERLACHEN FL 32148** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familla the obligations of registered agent. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. ☐ Delete ☐ Change ☐ Addition LUCIA, JUDITH A NAME NAME 111 REDBUD DR STREET ADDRESS STREET ADDRESS INTERLACHEN FL 32148 CITY-ST-ZIP CITY-ST-7IP VPSD Delete ☐ Change TITLE ☐ Addition TITLE LUCIA, JAMES R NAME NAME 111 REDBUD DR STREET ADDRESS STREET ADDRESS INTERLACHEN FL 32148 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ___Change Addition MOORMAN, RICHARD NAME NAME RT. 4 BOX 528R STREET ADDRESS STREET ADDRESS INTERLACHEN FL 32148 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE MOORMAN, CHERYL NAME NAME RT. 4 BOX 528R STREET ADDRESS STREET ADDRESS INTERLACHEN FL 32148 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete MAREK, DORIS NAME NAME 6 BIGHORN PL STREET ADDRESS STREET ADDRESS PALM COAST FL 32137 CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE ċ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if

FILED

Judith A Lucia 2/24/05 386-684-3262