2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002424

7301 BEACON PL

WINTER PARK, FL 32792

Address:

City-St-Zip:

Entity Name: SUNSHINE JUBILEE - SPEBSQSA; PO31, INC.

FILED May 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2550 HIGHLANDS VUE PKWY C/O KEITH HOPKINS LAKELAND, FL 33812 **New Mailing Address: Current Mailing Address:** 2550 HIGHLANDS VUE PKWY C/O KEITH HOPKINS LAKELAND, FL 33812 LIS FEI Number: 59-3177728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOPKINS, KEITH 2550 HIGHLANDS VUE PKWY LAKELAND, FL 33812 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HOPKINS, KEITH Name: Name: 2550 HIGHLANDS VUE PKWY Address: Address: City-St-Zip: LAKELAND, FL 33812 City-St-Zip: Title: () Delete Title: (X) Change () Addition COKEROFT, JEFF Name: Name: COKEROFT, JEFF Address: 800 RAVEN AVE. Address: 970 WAVERLY DR City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: LONGWOOD, FL 32750 Title: () Delete Title: () Change () Addition NANTZ, HAROLD Name: Name: 1421 HENDREN DR Address: Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WEBB, MARSHALL Name: 5514 STULL AVE Address: Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: Title: () Delete Title: (X) Change () Addition COFFEE, CHRIS PANZELLA, PATRICK Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: KEITH W. HOPKINS P 05/17/2009

4833 CYPRESS WOODS DR APT 4203

ORLANDO, FL 32811