

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norrman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002627

1. Corporation Name

SUNSHINE FOUNDATION OF PONTE VEDRA BEACH, INC.

APPROVED
AND
FILED

95 MAY -1 PM 2:53

7-1-1995

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

June 9, 1994

3a. Date of Last Report

4. FEI Number

59-3247734

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status



\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 194.032,
Florida Statutes



Yes

No

Principal Place of Business

Mailing Address

157 Linkside Circle
Ponte Vedra Beach, FL 32082

Same

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, Florida 32301

10. Name and Address of New Registered Agent

81 Name

William H. Jeter, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

10110 San Jose Boulevard

83

84 City

Jacksonville

FL

85 Zip Code

32257

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of the person named as registered agent and the it appoints

Signature of Registered Agent (signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D
NAME Kelly Whitaker
STREET ADDRESS 64 Jackson Avenue
CITY ST ZIP Ponte Vedra Beach, FL 32082

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE VP/D
NAME Julie Bowers
STREET ADDRESS 157 Linkside Circle
CITY ST ZIP Ponte Vedra Beach, FL 32082

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE Treasurer/D
NAME Joseph F. Bowers
STREET ADDRESS 157 Linkside Circle
CITY ST ZIP Ponte Vedra Beach, Fla. 32082

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(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 name of signing officer or director

Kelly L. Whitaker

4/13/95

(904) 273-

9403