

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004902

FILED
Jan 24, 2012
Secretary of State

Entity Name: SONSHINE CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

8510 SW SEA CAPTAIN DRIVE
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 754
STUART, FL 34995 US

New Mailing Address:

FEI Number: 65-0524778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEISCHMANN, CARRIE P
8510 SW SEA CAPTAIN DRIVE
STUART, FL 34997 US

Name and Address of New Registered Agent:

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:

Title: DV
Name: JONES, STACEY
Address: 2790 SW MURPHY ROAD
City-St-Zip: PALM CITY, FL 34990

Title: DP
Name: WOODS, JENNIFER
Address: 471 NW FETTERBUSH WAY
City-St-Zip: JENSEN BEACH, FL 34957

Title: DT
Name: FLEISCHMANN, CARRIE P
Address: 8510 SW SEA CAPTAIN DRIVE
City-St-Zip: STUART, FL 34997

Title: D
Name: MILLER, JILL
Address: 1281 SW FAST STREET
City-St-Zip: PALM CITY, FL 34990

Title: D
Name: BARTNICK, KAREN
Address: 4856 SW LAKE GROVE CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: D
Name: DURHAM, PAM
Address: 8027 SW 33RD STREET
City-St-Zip: PALM CITY, FL 34990

I hereby 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 all other like empowered.

SIGNATURE: CARRIE P. FLEISCHMANN

DT

01/24/2012

Electronic Signature of Signing Officer or Director

Date