

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000285

**FILED**  
**Jan 04, 2007**  
**Secretary of State**

**Entity Name:** SONSHINE ASSOCIATION OF CHRISTIAN SCHOOLS, INC.

**Current Principal Place of Business:**

6029 KINGSWOOD DRIVE  
MILTON, FL 32570

**New Principal Place of Business:**

**Current Mailing Address:**

6029 KINGSWOOD DRIVE  
MILTON, FL 32570

**New Mailing Address:**

**FEI Number:** 59-1147370      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BRAINARD, B. TOD  
6029 KINGSWOOD DRIVE  
MILTON, FL 32570    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: PD ( ) Delete  
Name: HOBBS, R. DAYTON  
Address: P.O. BOX 643  
City-St-Zip: MILTON, FL 32572

Title: S/T ( ) Delete  
Name: OPAGER, LUDWIG  
Address: 6000 OPAGER LN.  
City-St-Zip: MILTON, FL 32570

Title: VP ( ) Delete  
Name: BRAINARD, B. TOD  
Address: 6029 KINGSWOOD DRIVE  
City-St-Zip: MILTON, FL 32570

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HOBBS, CAROLYN  
Address: P.O. BOX 643  
City-St-Zip: MILTON, FL 32572

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: B. TOD BRAINARD

VP

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date