2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000285

FILED Jan 03, 2008 Secretary of State

Entity Name: SONSHINE ASSOCIATION OF CHRISTIAN SCHOOLS, INC. **New Principal Place of Business: Current Principal Place of Business:** 6029 KINGSWOOD DRIVE MILTON, FL 32570 **Current Mailing Address: New Mailing Address:** 6029 KINGSWOOD DRIVE MILTON, FL 32570 FEI Number: 59-1147370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRAINARD, B. TOD 6029 KINGŚWOOD DRIVE MILTON, FL 32570 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 HOBBS, CAROLYN Name: Name: Address: P.O. BOX 643 Address: MILTON, FL 32572 City-St-Zip: City-St-Zip: Title: S/T () Delete Title: () Change () Addition Name: OPAGER, LUDWIG Name: Address: 6000 OPAGER LN. Address: City-St-Zip: MILTON, FL 32570 City-St-Zip: Title: () Delete Title: () Change () Addition BRAINARD, B. TOD Name: Name: 6029 KINGSWOOD DRIVE Address: Address: City-St-Zip: MILTON, FL 32570 City-St-Zip:

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.

SIGNATURE: B. TOD BRAINARD VP 01/03/2008