

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000285

FILED
Jan 05, 2009
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:

44063 MAPLEWOOD CT
CALLAHAN, FL 32011 US

Current Mailing Address:

6029 KINGSWOOD DRIVE
MILTON, FL 32570

New Mailing Address:

44063 MAPLEWOOD CT
CALLAHAN, FL 32011 US

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:

GOLSON, WAYNE
5500 18TH STREET EAST
BRADENTON, FL 34203 US

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: WAYNE GOLSON

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOBBS, CAROLYN
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: GOLSON, WAYNE
Address: 5500 18TH STREET EAST
City-St-Zip: BRADENTON, FL 34203

Title: VP (X) Change () Addition
Name: HILL, WALLACE
Address: 2100 EAST HINSON AVENUE
City-St-Zip: HAINES CITY, FL 33844

Title: S/T (X) Change () Addition
Name: NICHOLS, DAVE
Address: 5105 SCHOOL ROAD
City-St-Zip: LAND'O LAKES, FL 34638

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: WAYNE GOLSON

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

Date