

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004174 (7)**

1. Corporation Name

SUNSHINE CIRCLE OF KING'S DAUGHTERS AND SONS, IN C.



Principal Place of Business	Mailing Address
851 N DONNELLY ST MT DORA FL 32757	851 N DONNELLY ST MT DORA FL 32757-4402

3. Date Incorporated or Qualified 08/29/1995	3a. Date of Last Report 02/21/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

4. FEI Number 59-6156715	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
RAY, JEFFERSON G III 851 N DONNELLY ST MT DORA FL 32757

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and, if applicable, (NOT) Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	EATON, HARRIET
STREET ADDRESS	1004 N DONNELLY ST
CITY-ST-ZIP	MT DORA FL 32757
VD	MUSCARA, ROSE
STREET ADDRESS	1022 DONNELLY ST
CITY-ST-ZIP	MT DORA FL 32757
VD	CURTIS, MARGARET
STREET ADDRESS	644 MCDONALD ST
CITY-ST-ZIP	MT DORA FL 32757
SD	KEUHN, PATRICIA
STREET ADDRESS	2440 EASTLAND ROAD
CITY-ST-ZIP	MT DORA FL 32757
SD	VANDALEN, MARY
STREET ADDRESS	3001 JAVEN CIRCLE
CITY-ST-ZIP	MT DORA FL 32757
TD	BISSELL, DOROTHY
STREET ADDRESS	1844 OVERLOOK DR
CITY-ST-ZIP	MT DORA FL 32757

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)