

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 03 1998 8:00am  
Secretary of State

|                                                 |                                                                                   |                                                                                                                 |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Morham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

DOCUMENT # N95000004174 (7)

1. Corporation Name

SUNSHINE CIRCLE OF KING'S DAUGHTERS AND SONS, INC.

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  
3/21/97

2. Principal Place of Business

2a. Mailing Address

21 2023 N. Donnelly St.

26 P.O. Box 1048

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Mt. Dora, FL

28 Mt. Dora, FL

24 Zip 32757

25 Country Lake

29 Zip 32756

30 Country Lake

4. FEI Number  
59-6156715

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAY, JEFFERSON G III  
851 N DONNELLY ST  
MT DORA FL 32757

B1 Name

Jefferson G. Ray, III

B2 Street Address (P.O. Box Number is Not Acceptable)

B3 2023 N. Donnelly Street

B4 City Mount Dora

Zip Code  
32757

11. Pursuant to the provisions of Sections 617.0502 and 617.1500, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Jefferson G. Ray, III*

5/21/98

(Signature of officer or private name of registered agent and the corporation)

(NOTE) Registered Agent for

12. OFFICERS AND DIRECTORS

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | PD                 | <input type="checkbox"/> DELETE |
| NAME           | EATON, HARRIET     |                                 |
| STREET ADDRESS | 1004 N DONNELLY ST |                                 |
| CITY-ST-ZIP    | MT DORA FL 32757   |                                 |
| TITLE          | VD                 |                                 |
| NAME           | MUSCARA, ROSE      |                                 |
| STREET ADDRESS | 1022 DONNELLY ST   |                                 |
| CITY-ST-ZIP    | MT DORA FL 32757   |                                 |
| TITLE          | VD                 |                                 |
| NAME           | CURTIS, MARGARET   |                                 |
| STREET ADDRESS | 644 McDONALD ST    |                                 |
| CITY-ST-ZIP    | MT DORA FL 32757   |                                 |
| TITLE          | SD                 |                                 |
| NAME           | KEUHN, PATRICIA    |                                 |
| STREET ADDRESS | 2440 EASTLAND ROAD |                                 |
| CITY-ST-ZIP    | MT DORA FL 32757   |                                 |
| TITLE          | SD                 |                                 |
| NAME           | VANDALEN, MARY     |                                 |
| STREET ADDRESS | 3001 JAVEN CIRCLE  |                                 |
| CITY-ST-ZIP    | MT DORA FL 32757   |                                 |
| TITLE          | TD                 |                                 |
| NAME           | BISSELL, DOROTHY   |                                 |
| STREET ADDRESS | 1844 OVERLOOK DR   |                                 |
| CITY-ST-ZIP    | MT DORA FL 32757   |                                 |

|                |                       |                                                                   |
|----------------|-----------------------|-------------------------------------------------------------------|
| TITLE          | PD                    |                                                                   |
| NAME           | CURTIS, MARGARET      |                                                                   |
| STREET ADDRESS | 644 McDONALD STREET   |                                                                   |
| CITY-ST-ZIP    | MT. DORA, FL 32757    |                                                                   |
| TITLE          | VD                    |                                                                   |
| NAME           | EATON, HARRIET        |                                                                   |
| STREET ADDRESS | 1004 N. DONNELLY ST.  |                                                                   |
| CITY-ST-ZIP    | MT. DORA, FL 32757    |                                                                   |
| TITLE          | SD                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | STEWART, CAROL        |                                                                   |
| STREET ADDRESS | 4572 MILES DRIVE      |                                                                   |
| CITY-ST-ZIP    | PORT ORANGE, FL 32127 |                                                                   |
| TITLE          | TD                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BISSELL, DOROTHY      |                                                                   |
| STREET ADDRESS | 1844 OVERLOOK DRIVE   |                                                                   |
| CITY-ST-ZIP    | MT. DORA, FL 32757    |                                                                   |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |                                                                   |
| STREET ADDRESS |                       |                                                                   |
| CITY-ST-ZIP    |                       |                                                                   |

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-06/10/98--01042--020  
\*\*\*\$1.25

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; the 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.