

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90125 010 *****61.25

DOCUMENT # N95000004174

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

Principal Place of Business
**2023 N. DONNELLY ST.
MT DORA FL 32757**

Mailing Address
**2023 N. DONNELLY ST.
MT DORA FL 32757**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/28/1932	
2 City & State		27 City & State		4. FEI Number	
3 Zip		28 Zip		59-6156715	
Country		Country		Applied For	
25		29		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
RAY, JEFFERSON G III				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
2023 N. DONNELLY STREET				Trust Fund Contribution	
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	

I, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, HARRIET	1.2 NAME	
STREET ADDRESS	1004 N DONNELLY ST	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MT DORA FL 32757	1.4 CITY-STATE-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, CAROL	2.2 NAME	
STREET ADDRESS	4572 MILES DRIVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PORT ORANGE FL 32127	2.4 CITY-STATE-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, MARGARET	3.2 NAME	
STREET ADDRESS	644 MCDONALD ST	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MT DORA FL 32757	3.4 CITY-STATE-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISSELL, DOROTHY	4.2 NAME	
STREET ADDRESS	1844 OVERLOOK DR	4.3 STREET ADDRESS	
CITY-STATE-ZIP	MT DORA FL 32757	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2799 352-3889

CR2E037 (11/98)