2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 10, 2006 08:00 AM DOCUMENT # N96000003009 Secretary of State 1. Entity Name SUNSHINE CHILD HELP PROGRAM, INC. Principal Place of Business Mailing Address 9438 U.S. HWY. 19 NORTH, #215 PORT RICHEY FL 34668 9438 U.S. HWY. 19 NORTH, #215 PORT RICHEY FL 34668 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3343693 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLOTZ, KATHY Street Address (P.O. Box Number is Not Acceptable) 9438 U.S. HWY. 19 NORTH, #215 PORT RICHEY FL 34668 City Zio Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature hyped or printed rame of registered agent and title if applicable (NOTE: Registered Agent riignature renumed when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 GT9 TITLE ☐ Delete SHILE ☐ Change Addition KLOTZ, KATHY NAME NAME 6143 11TH AVE. STREET ADDRESS U00000501030 STREET ADDRESS NEW PORT RICHEY FL 34653 CITY-ST-ZIP CITY-ST-ZIP <u>04/25/06-80045-013\_61.25</u> VPD ☐ Delete TITLE 7171.5 Change | Addition MAME KLOTZ, ROBERT NAME 6143 11TH AVE. STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34653 CITY- ST-709 CSTY - ST - ZIP TITLE ☐ Delete TITS F ☐ Change Addition NAME STALLINGS, TAMI NAME STREET ADDRESS 6034 GRAND BLVD. STREET ADDRESS City - ST - 789 NEW PORT RICHEY FL 34652 City-S1-Zip TITLE ☐ Detete ☐ Change Addition MAME NAME STREET ADORESS STREET ADDRESS CSTY-ST-78P CHY-ST-ZIP TITLE ☐ Delete THEF ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 517. Florida Statutes, and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.