2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000003009

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

04012008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3343693
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KLOTZ, KATHY
9438 U.S. HWY. 19 NORTH, #215
PORT RICHEY, FL 34668

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	KLOTZ, KATHY
STREET ADDRESS	6143 11TH AVE.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	VPD
NAME	KLOTZ, ROBERT
STREET ADDRESS	6143 11TH AVE.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	SD
NAME	STALLINGS, TAMI
STREET ADDRESS	6034 GRAND BLVD.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/08-80068-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathy Klotz KATHY KLOTZ 4-10-08 (727) 846-7423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #