

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003009

FILED
Apr 26, 2011
Secretary of State

Entity Name: SUNSHINE CHILD HELP PROGRAM, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

6443 ERIC DR # 3
NEW PORT RICHEY, FL 34653

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3343693 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KLOTZ, KATHY
6443 ERIC DR # 3
NEW PORT RICHEY, FL 34653 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

04/26/2011

Date

OFFICERS AND DIRECTORS:

Title: PTD
Name: KLOTZ, KATHY
Address: 6443 ERIC DR
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: VPD
Name: BRYANT, DONALD
Address: 7623 RADCLIFFE CIR # 113
City-St-Zip: PORT RICHEY, FL 34668 US

Title: SD
Name: STALLINGS, TAMI
Address: 6034 GRAND BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34652 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHY KLOTZ

Electronic Signature of Signing Officer or Director

PTD

04/26/2011

Date