

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90742 039 ****61.25

DOCUMENT # N96000003009

1. Entity Name

SUNSHINE CHILD HELP PROGRAM, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3343693**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PTD KLOTZ, KATHY <input type="checkbox"/> Delete
STREET ADDRESS	6034 LOUISIANA AVE.
CITY-ST-ZIP	NEW PORT RICHEY FL 34653
TITLE NAME	VPD KLOTZ, ROBERT <input type="checkbox"/> Delete
STREET ADDRESS	6034 LOUISIANA AVE.
CITY-ST-ZIP	NEW PORT RICHEY FL 34653
TITLE NAME	SD STALLINGS, TAMI <input type="checkbox"/> Delete
STREET ADDRESS	7114 CHINAPA STREET
CITY-ST-ZIP	NEW PORT RICHEY FL 34653
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	PTD KLOTZ, KATHY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5843 Wyoming Ave (Address Change)
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE NAME	VPD KLOTZ, Robert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5843 Wyoming Ave (Address Change)
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE NAME	SD STALLINGS, Tami <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6034 Grand Blvd (Address Change)
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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*

4-11-03

(727)846-7423

CR2E037 (10/02)