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

DOCUMENT # N9600003009

1. Entity Name

SUNSHINE CHILD HELP PROGRAM, INC.



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

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

	į										
Principal Plac	ce of Business	Mailing Address	•	•							
9438 U.S. HWY. 19 NORTH. #215 9438		-	438 U.S. HWY. 19 NORTH. #215								
2 Principal F	Place of Rusiness	3. Mailing Address									
2. Principal Place of Business		5. Maining Address					E 10 110 0 1311 26 113	881)1 8 8)11 4 8 11/ 8 8	(00 1411) 00 111	ARIJE IANI NADI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State				4. FEI Number 59-3343693 Applied For Not Applicable					
Zip Country		Zip		Country		5. Certificate of	f Status Desire	ed 🗆	\$8.75 A Fee Requi	Additional	7
	6. Name and Address of Current	Registered Agent				7. Name and	Address of Ne	w Registered	•		┪.
	The second secon	the control of the second property and		Name	مهمست ستنش مهن		AND DESCRIPTION		Contraction of the second		7
	3. HWY. 19 NORTH, #215			Street Ad	ldress (P.0	O. Box Number	is Not Accepta	able)			
PURI HIL	CHEY FL 34668			City				FL	Zip Co	ode	$\frac{1}{1}$
the obligat	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registere	ed office or r	registerec	d agent, or both	, in the State of	f Florida. I am	familiar wit	h, and accept	7
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered	d Agent signatur	e required wh	hen reinstating)		DATE			1
- t							1	•			+
· ·	FILE NOW: FEE IS \$61.25	9. Election Can		~ -	_ \$	5.00 May Be		Make Check			
•	112011. 122 10 401.20	Trust Fund C	Contribution	on. L	À	Added to Fees	Flo	orida Depar	tment of	f State	
10.	OFFICERS AND DIF	PECTORS	11.		۸۲	DITIONS/CHA	NGES TO OCE	ICEDE AND DI	DECTORS	INI 10	-
TITLE	PTD OF FICERS AND DIE	Delete	TITLE	: 1	PTD		NGES TO OFF	ICERS AND DI	✓ Change		- 6
NAME	KLOTZ, KATHY	C Detete	NAME	- 1	Ţ.,	12 x -l- :	ų.		-	e □ Addition	<u>در ځ</u>
STREET ADDRESS	6034 LOUISIANA AVE.		STREE	ET ADDRESS	5847	3 in 400	ing A	se		ChANG	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		CITY-	-ST-ZIP	New	Z, KATA BWYOM POST R	ichey,	F1346	<u> 5 a</u>	Christia	<u>]</u> }
TITLE	VPD	☐ Delete	TITLE		VPO				🔼 Change	e 🔲 Addition	٤
NAME	KLOTZ, ROBERT		NAME	Ē Ì.	KIOTO	z, Rober	r a			(A DO ress	` ز
STREET ADDRESS CITY-ST-ZIP	6034 LOUISIANA AVE.			ET ADDRESS S	5843	3 Wyon	nngn	Clau		Change	2
	NEW PORT RICHEY FL 34653					ROCT R	chey_	1-121-34			4.
TITLE NAME	STALLINGS, TAMI	☐ Delete	TITLE		2D		o - '		Change		
STREET ADDRESS	7114 CHINAPA STREET			ET ADDRESS /	27/4/1	1000, 11	~ . B \~	Á	í	(hooress	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653			-ST-ZIP	NEW	ings, Ti I Grar Port R	icheu	Ê1 344	252	Change	e
TITLE		☐ Delete	TITLE		4	, , , , , ,	1	• 1	☐ Change	e	7
NAME			NAME	E					–	_	
STREET ADDRESS			STREE	ET ADDRESS							
CITY-ST-ZIP			CITY-	-ST-ZIP							
TITLE		☐ Delete	TITLE						☐ Change	e 🔲 Addition	1
NAME .			NAME	1							1
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP							1
		П	-								-
TITLE NAME		☐ Delete	TITLE						☐ Change	e	
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							1
	<u> </u>										-

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.

BIGNATURE: KATHOKIBEZZE KARHIBEZZOTZ

4-11-03

<u>(727)846-7423</u>