

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000006590

1. Entity Name
SUNSHINE LEISURE CARE, INC.



FILED

05 JUN -2 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1341 S.W. AVENUE D
BELLE GLADE, FL 33430

Mailing Address
~~P.O. BOX 1045~~ 13526st
~~BELLE GLADE, FL 33430~~

West Palm Beach 71
33401



04142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 10-2311024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HASLEM, WILLIE L
1352 6TH STREET
WEST PALM BEACH, FL 33401

1747 Bacon Point Rd Palooka 7133476

**DO NOT WRITE
IN THIS SPACE**

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 Willie L Haslem Willie L Haslem 1747 Bacon Point Rd 2/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Palooka 7133476 DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEAVY, MARGARET E 1352 6TH ST WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GILUA, IDA MIZELL M 841 SW AVE B BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PEAVY, GUS A 1341 SW AVE D BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SINGH, MANNY 6610 NORTH UNIVERSITY DR., STE 250 FORT LAUDERDALE, FL 333214034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GLOVER, MARVIN 235 SW 5TH AVE SOUTH BAY, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

200055985842
06/09/05--01074--017 **\$61.50

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IN THIS SPACE**

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: Margaret Peavy Margaret Peavy 4/14/05 3619920743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #