

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000006590**

1. Entity Name

SUNSHINE LEISURE CARE, INC.



Principal Place of Business

1341 S.W. AVENUE D  
BELLE GLADE FL 33430

Mailing Address

1352 6TH STREET  
WEST PALM BEACH FL 33401



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

10-2311024

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HASLEM, WILLIE L  
1747 BECON POINT ROAD  
PAHOKEE FL 33476

7. Name and Address of New Registered Agent

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 renewing)

1000000505612  
04/26/06-80125-001 158.75

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE P ☐ Delete  
NAME PEAVY, MARGARET E  
STREET ADDRESS 1352 6TH ST  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE DS ☐ Delete  
NAME GILUA, IDA MIZELL M  
STREET ADDRESS 841 SW AVE B  
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE DT ☐ Delete  
NAME PEAVY, GUS A  
STREET ADDRESS 1341 SW AVE D  
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE VP ☐ Delete  
NAME SINGH, MANNY  
STREET ADDRESS 6610 NORTH UNIVERSITY DR., STE 250  
CITY-ST-ZIP FORT LAUDERDALE FL 33321-4034

TITLE TR ☐ Delete  
NAME GLOVER, MARVIN  
STREET ADDRESS 235 SW 5TH AVE  
CITY-ST-ZIP SOUTH BAY FL 33493

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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