2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2007 8:00 am **Secretary of State** DOCUMENT # N96000006590 1. Entity Name 03-21-2007 90042 002 ****70.00 SUNSHINE LEISURE CARE, INC. Principal Place of Business Mailing Address 1341 S.W. AVENUE D 1352 6TH STREET だじしりふひひと BELLE GLADE FL 33430 WEST PALM BEACH FL 33401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 10-2311024 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo HASLEM, WILLIE L 1747 BECON POINT ROAD P.O. Box Numiparai Hot Acceptable) PAHOKEE FL 33476 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. HILL TIME ☐ Delete ☐ Change ☐ Addition NAMI PEAVY, MARGARET E NAME STREET ADDRESS 1352 6TH ST STREET ADDRESS CITY-ST-ZIP CITY ST 78P WEST PALM BEACH FL 33401 THE ☐ Delete DILLE Change ■ Addition NAME: GILUA, IDA MIZELL M NAM STREET ADDRESS 841 SW AVE B STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP BELLE GLADE FL 33430 TITLE C Defene illif Addition NAMI PEAVY, GUS A NAME STREET ADORESS STREET ADDRESS 1341 SW AVE D CHY-ST-ZIP CITY-ST-ZIP BELLE GLADE FL 33430 mu; Delete ши **VP** Change ■ Addition NAME NAME SINGH, MANNY STREET ADDRESS STREET ADDRESS 6610 NORTH UNIVERSITY DR., STE 250 CHY-ST-7IP FORT LAUDERDALE FL 33321-4034 CITY ST ZIP THEF ☐ Delete шш ☐ Change Addition NAMI GLOVER, MARVIN NAME STREET ADDRESS 235 SW 5TH AVE STREET ADDRESS CITY-ST-ZIE SOUTH BAY FL 33493 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-ZIP CHY-SI-7IP

FILED

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 eath; that I am an efficer 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: U