

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000011

1. Entity Name

KISSIMMEE GOOD SAMARITAN SUNSHINE AUXILIARY, INC

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90109 009 ****61.25

Principal Place of Business

Mailing Address

1500 SOUTHGATGE DRIVE
 KISSIMMEE FL 34746

1500 SOUTHGATGE DRIVE
 KISSIMMEE FL 34746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3277784

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYERS, GREGORY
 1500 SOUTHGATE DRIVE
 KISSIMMEE FL 34746

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME EGAN, IRENE
 STREET ADDRESS 4192 CAMBRIDGE
 CITY-ST-ZIP KISSIMMEE FL 34746

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME MARAGARET, JOHNSON
 STREET ADDRESS 1609 CALVIN CIRCLE
 CITY-ST-ZIP KISSIMMEE FL 34746

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME HACKER, AUDREY
 STREET ADDRESS 4103 MIDDLEGATE DR.
 CITY-ST-ZIP KISSIMMEE FL 34746

TITLE Second Vice President Change Addition
 NAME Ernestine O'Farrell
 STREET ADDRESS 1641 Calvin Circle
 CITY-ST-ZIP Kissimmee, FL 34746

TITLE S Delete
 NAME THOMAS, LINDA
 STREET ADDRESS 1543 ALDERSGATE
 CITY-ST-ZIP KISSIMMEE FL 34746

TITLE Secretary Change Addition
 NAME Patricia Watts
 STREET ADDRESS 3570 Northgate Dr #6
 CITY-ST-ZIP Kissimmee FL 34746

TITLE TR Delete
 NAME BLEDSOE, LILLIAN
 STREET ADDRESS 4443 NORTHGATE
 CITY-ST-ZIP KISSIMMEE FL 34746

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TR Delete
 NAME JANET, PURRETT
 STREET ADDRESS 5752 NORTHGATE DR.
 CITY-ST-ZIP KISSIMMEE FL 34746

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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Irene M Egan* Irene M Egan ⁴⁰¹⁻³⁴⁶⁻⁷⁰¹⁷ 3/29/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)