Applied For

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N98000002615

1. Corporation Name

SUNSHINE GUARDIANS, INC.

Principal Place of Business

4908-1 STATE ROAD 54 NEW PORT RICHEY FL 34652

2. Principal Place of Business

Suite. Apt. #, etc.

Mailing Address

26

4908-1 STATE ROAD 54 NEW PORT RICHEY FL 34652

2a. Mailing Address 26 P.O. Do.X. 30

Suite, Apt, #, etc.

FILED Jul 07, 1999 8:00 am Secretary of State

07-07-1999 90002 003 ****61.25



3. Date incorporated or Qualifed

05/01/1998

4. FEI Number

City & State 28 NEW IDRT RICHEY FL 5. Certificate of Status Desired \$8.75 Additional Fee Required 29	22		27	-	59-3507838	No	t Applicable	
Zip	City & State	е	City & State	4 FL		\$8.75 A		
9. Name and Address of Current Registered Agent H A S E L H U H N HA S E	Zip		Zip Go	untry	1	11	-	
HASELBAMM, DORIS 4908-1 STATE ROAD 54 NEW PORT RICHEY FL 34652 82 Street Address (P.O. Box Number is Not Acceptable) 83 Ret City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, by an affamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VTSD HASELHUHN, DORIS TITLE PD DELETE 11 TITLE PD Change Addition Change Addition Change Addition Change Addition Addition TITLE D Change Addition Change Addition Addition STREET ADDRESS TITLE D Change Addition Addition STREET ADDRESS TITLE D Change Addition Addition Change Addition Addition STREET ADDRESS TITLE D Change Addition Addition Change Addition Addition Change Addition Addition				10. Name and Address of New Registered Agent				
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agriculture required when reinstating) DATE 12. OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VTSD HASELHUHN, DORIS TREET ADDRESS CITY. ST-2IP HASELHUHN, DORIS TREET ADDRESS CITY. ST-2IP TITLE PD DELETE 1.3 STREET ADDRESS CITY. ST-2IP HUDSON FL 34667 1.4 CITY-ST-2IP DELETE 3.1 TITLE D Change Addition Change Addition Change Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition Addition Change A				83				
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Signature Nyped of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	office or re	egistered agent, or both, in the State of	f Florida. Such change was authorize	ed by the corporation	ration submits this statement for the i's board of directors. I hereby accep	purpose of changing its t the appointment as reg	registered gistered	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VTSD HASELHUHN, DORIS 5745 BANNER STREET NEW PORT RICHEY FL 34653 14. CITY-ST-ZIP TITLE PD VOIGT, MARGRET STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 3.1 TITLE D Change Addition Change Addition Change Addition Addition Change C	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Register	ed Agent signature required	when reinstating)	DATE		
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NAME VOIGT, MARGRET 22 NAME	CITY-ST-ZIP	NEW PORT RICHEY FL 34653	1.4	CITY-ST-ZIP		<u> </u>		
STREET ADDRESS 7704 SYLVAN DRIVE	TITLE	PD	☐ DELETE 2.1	ITTLE		Change	☐ Addition	
CITY-ST-ZIP	NAME	VOIGT, MARGRET	22	NAME			Ì	
TITLE	STREET ADDRESS	7704 SYLVAN DRIVE	2.3	STREET ADDRESS	مد.			
NAME BOYKO, RICHARD A EA 32 NAME STREET ADDRESS 6224 KELLER DRIVE 3.3 STREET ADDRESS 7.5 TZIP PORT RICHEY FL 34668 7.4 TITLE 7.5 TZIP 7.5	CITY-ST-ZIP	HUDSON FL 34667'		CfTY-ST-ZIP				
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STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS	·:					ľ	
CITY-ST-ZIP 14. 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	CITY-ST-ZIP	Alfo, Alica Adda in Francisco di Anno			ection 110 07/3\/i) Florida Statutas	I further certify that the in	nformation)	

indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: