

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001758

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: SUNSHINE COMMUNITY FOUNDATION, INC.

## Current Principal Place of Business:

1480 SW 9TH AVE  
FORT LAUDERDALE, FL 33315

## New Principal Place of Business:

## Current Mailing Address:

1480 SW 9TH AVE  
FORT LAUDERDALE, FL 33315

## New Mailing Address:

FEI Number: 31-1655484      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TUCKEY, JEFF K  
614 NE 10TH AVENUE  
FORT LAUDERDALE, FL 33304      US

## Name and Address of New Registered Agent:

TUCKEY, JEFF K  
1480 SW 9TH AVENUE  
FORT LAUDERDALE, FL 33315      US

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: JEFFREY K. TUCKEY

04/29/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PAMPLIN, JIM  
Address: 1960 SW 52 TERRACE  
City-St-Zip: PLANTATION, FL 33317

Title: S ( ) Delete  
Name: DECAMILLO, ROBERT  
Address: 4488 SEAGRAPE DR  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: T ( ) Delete  
Name: SCHULER, ROBERTA  
Address: 5800 BRIARWOOD WAY  
City-St-Zip: DAVIE, FL 33331

Title: D ( ) Delete  
Name: GRAHAM, ROBERT MD  
Address: 333 SUNSET DR 801  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP ( ) Delete  
Name: ZETTLER, CHUCK  
Address: 461 GLENBROOK DR  
City-St-Zip: ATLANTIS, FL 33462

Title: D ( ) Delete  
Name: CINELLI, PETER MD  
Address: 3430 GULF OCEAN DR APT 1712  
City-St-Zip: FORT LAUDERDALE, FL 33308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: PAMPLIN, JIM  
Address: 1960 SW 52 TERRACE  
City-St-Zip: PLANTATION, FL 33317

Title: S (X) Change ( ) Addition  
Name: SELZER, JEFFREY S  
Address: 2550 NE 15TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: C (X) Change ( ) Addition  
Name: CINELLI, PETER MD  
Address: 3430 GULF OCEAN DR APT 1712  
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY S. SELZER

S

04/29/2009

Electronic Signature of Signing Officer or Director

Date