**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000058300

1. Corporation Name

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SUNSHINE CHILD ENRICHMENT CENTER, INC.

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STUTZMAN, LYLE

2811 17TH STREET EAST SARASOTA FL 34237

| Principal Place of Business                |         | Mailing Address                            |         |
|--|---------|--|---------|
| 2811 17TH STREET EAST<br>SARASOTA FL 34237 |         | 2811 17TH STREET EAST<br>SARASOTA FL 34237 |         |
| 2. Principal Place of Business             |         | 2a. Mailing Address                        |         |
| Suite, Apt. #, etc.                        |         | Suite, Apt. #,                             | , etc,  |
| City & State                               |         | City & State                               |         |
| Zip  | Country | Zip  | Country |

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9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Election Campaign Financing

8. This corporation owes the current year intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

07/02/1997

4. FEI Number 65-0768492

FILED Mar 23, 1999 8:00 am

**Secretary of State** 

03-23-1999 90016 033 \*\*\*150.00

City Zip Code 84 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

81 Name

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(NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE 1.1 TITLE TITLE 1.2 NAME STUTZMAN, LYLE L NAME 3461 GOCIO Rd 265 PARKLAND AVE STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL-34232 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE TITLE 2.1 TITLE STUTZMAN, ELMER STUTZMAN, ELMER 2.2 NAME NAME 1008-MERVIN AVE STREET ADDRÉS 2.3 STREET ADDRESS Solasofa Fl JAM 46526 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP C/TY-ST-Z/P ☐ DELETE 6.1 TITLE Change Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 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 607. 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.

941-857-6461

Applied For

Fee Required \$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable \$8.75 Additional

CR2E034 (11/98