I hereby 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 all other like empowered.

DIRECTOR

SIGNATURE: COBY KING

Electronic Signature of Signing Officer/Director Detail

Entity Name: SUNSHINE COMMUNITY AWARENESS PROGRAM, INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

411 NORTHEAST 33RD STREET OAKLAND PARK, FL 33334

DOCUMENT# N04000011605

Current Mailing Address:

P.O. BOX 24362 FORT LAUDERDALE, FL 33307 US

FEI Number: 43-2071988

Name and Address of Current Registered Agent:

EDWARDS, SAUNDRA 411 NORTHEAST 33RD STREET OAKLAND PARK, FL 33334 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	D	Title	PRESIDENT
Name	KING, COBY A	Name	EDWARDS, SANDRA
Address	411 NORTHEAST 33RD STREET	Address	411 NORTHEAST 33RD STREET
City-State-Zip:	OAKLAND PARK FL 33334	City-State-Zip:	OAKLAND PARK FL 33334
Title			
The	COMMUNITY RELATION		
Name	FRANCIS, STACY-ANN		

Certificate of Status Desired: Yes

FILED Mar 19, 2016 Secretary of State CC8741671231

03/19/2016

Date

Date