2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2015
Secretary of State
CC9654366666

DOCUMENT# N06000012611

Entity Name: SUNSHINE COMMUNITY OF FLORIDA INC.

Current Principal Place of Business:

AMF LAKELAND LANES
4111 S. FLORIDA AVE
LAKELAND, FL 33803

Current Mailing Address:

3214 THACKERY WAY
PLANT CITY, FL 33566

FEI Number: 20-8018229

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOWELL, MATTHEW A
3214 THACKERY WAY
PLANT CITY, FL 33566 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 — Date

Officer/Director Detail :

Title	PD
Name	LOWELL, MATTHEW A
Address	3214 THACKERY WAY
City-State-Zip:	PLANT CITY FL 33566

Title	D
Name	ASHMORE, CYNTHIA
Address	3035 FORESTBROOK N
City-State-Zip:	LAKELAND FL 33811

Title	D
Name	TAYLOR, TOM
Address	5651 WOODWIND HILLS DRIVE
City-State-Zip:	LAKELAND FL 33812

Title	MEDIA SPECIALIST / DIRECTOR
Name	SARAH, CLARK
Address	2404 ROSLYN LANE
City-State-Zip:	LAKELAND FL 33812

Title	VD
Name	SCHILLING, RUTH W.L.
Address	3214 THACKERY WAY
City-State-Zip:	PLANT CITY FL 33566

Title	DIRECTOR
Name	LOWELL, SARA A
Address	3214 THACKERY WAY
City-State-Zip:	PLANT CITY FL 33566

Title	DIRECTOR
Name	HONEYCUTT, LINDA
Address	1241 EDGEWATER DR/
City-State-Zip:	LAKELAND FL 33805

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.

SIGNATURE: MATTHEW A. LOWELL PRESIDENT/CEO 04/29/2015

Electronic Signature of Signing Officer/Director Detail — Date