

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010246

**Entity Name:** SHINNING STARS EARLY LEARNING CENTER  
INCORPORATION**FILED**  
**Apr 06, 2016**  
**Secretary of State**  
**CC2351854465****Current Principal Place of Business:**101 WEST CYPRESS ST  
UNIT D  
KISSIMMEE, FL 34741**Current Mailing Address:**101 WEST CYPRESS ST  
UNIT D  
KISSIMMEE, FL 34741**FEI Number: 90-0699661****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**HUGHES DEBOSE, MARY EMRS.  
101 WEST CYPRESS ST  
UNIT D  
KISSIMMEE, FL 34741 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           | P                          |
| Name            | HUGHES DEBOSE, MARY E      |
| Address         | 101 WEST CYPRESS ST UNIT D |
| City-State-Zip: | KISSIMMEE FL 34741         |

|                 |                               |
|-----------------|-------------------------------|
| Title           | VP                            |
| Name            | DEBOSE, ANDREW JR.            |
| Address         | 101 WEST CYPRESS ST<br>UNIT D |
| City-State-Zip: | KISSIMMEE FL 34741            |

|                 |                      |
|-----------------|----------------------|
| Title           | SECRETARY            |
| Name            | HUGHES , CHRISTINA D |
| Address         | 1410 EMMETT ST       |
| City-State-Zip: | KISSIMMEE FL 34741   |

|                 |                      |
|-----------------|----------------------|
| Title           | TREASURER            |
| Name            | MORRISON, CATHERINE  |
| Address         | 404 SEA WILLOW DRIVE |
| City-State-Zip: | KISSIMMEE FL 34743   |

|                 |                            |
|-----------------|----------------------------|
| Title           | DIRECTOR                   |
| Name            | GONZALEZ, PATRICIA D       |
| Address         | 1612 KENDRICK DR.<br>APT B |
| City-State-Zip: | KISSIMMEE FL 34744         |

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: MARY HUGHES DEBOSE****DIRECTOR****04/06/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date