

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000003783

Entity Name: SUNSHYNE ALMSGIVING CORPORATION**Current Principal Place of Business:**5013 NEPTUNE LANE
FT LAUDERDALE, FL 33312**Current Mailing Address:**5013 NEPTUNE LN
FORT LAUDERDALE, FL 33312--521 UN**FEI Number:** 92-2786725**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLARKE, SOPHIA S
5013 NEPTUNE LANE
FORT LAUDERDALE, FL 33312 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	CLARKE, SOPHIA S
Address	5013 NEPTUNE LANE
City-State-Zip:	FT LAUDERDALE FL 33312

Title	S
Name	GRAHAM, SHACORIANN C
Address	5013 NEPTUNE LANE
City-State-Zip:	FT LAUDERDALE FL 33312

Title	B
Name	BARRETT, CLAUDETTE M ED.S
Address	9988 NANDINA STREET
City-State-Zip:	MIRAMAR FL 33025

Title	B
Name	CAMPBELL, CHANTEL
Address	2301 SW 84TH WAY
City-State-Zip:	MIRAMAR FL 33025

Title	T
Name	DESVIGNES, JANNELL N
Address	825 NE 199 STREET UNIT 102
City-State-Zip:	MIAMI FL 33179

Title	B
Name	ARCHIBALD, ALLISTAIR S
Address	3561 SW 70TH AVENUE
City-State-Zip:	MIRAMAR FL 33023

Title	B
Name	CLAUDINE, O'CONNOR
Address	901 SOUTH PARK ROAD APT 204
City-State-Zip:	HOLLYWOOD FL 33021

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: SOPHIA S CLARKE**PRESIDENT****04/26/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date