

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33577

Entity Name: SONSHINE DAY PRESCHOOL, INC.**Current Principal Place of Business:**10000 WEST NEWBERRY ROAD
GAINESVILLE, FL 32606**Current Mailing Address:**10000 WEST NEWBERRY ROAD
GAINESVILLE, FL 32606**FEI Number:** 59-2965294**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KIMERLING, PEGGY A
10000 WEST NEWBERRY RD.
GAINESVILLE, FL 32606 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	PRES
Name	CONRAD, BRYAN
Address	5401 SW 86TH DRIVE
City-State-Zip:	GAINESVILLE FL 32608

Title	S
Name	JOHNS, PAULA
Address	6415 NW 40TH TERRACE
City-State-Zip:	GAINESVILLE FL 32653

Title	M
Name	PATTERSON, ALICIA
Address	6477 NW SR 45
City-State-Zip:	HIGH SPRINGS FL 32643

Title	VP
Name	PARHAM, KATHY
Address	5603 SE CR 346
City-State-Zip:	MICANOPY FL 32667

Title	M
Name	MCELROY, STEVE
Address	25522 SW 20TH PLACE
City-State-Zip:	NEWBERRY FL 32669

Title	M
Name	DENNIS, WAYNE B
Address	615 SW 127TH STREET
City-State-Zip:	JONESVILLE FL 32669

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: BRYAN CONRAD**PRESIDENT****04/05/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date