

**2018 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:**PAPPAS, CHRISTINE W  
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:** CHRISTINE W PAPPAS

01/16/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           SANDORA, NICK  
Address        7205 SW 80TH TERRACE  
City-State-Zip: GAINESVILLE FL 32607

Title           PRESIDENT  
Name           ABERNATHY, GAIL  
Address        1916 NW 27TH TERRACE  
City-State-Zip: GAINESVILLE FL 32605

Title           SECRETARY  
Name           HIGGINBOTHAM, DIANE  
Address        6401 SW 93RD AVENUE  
City-State-Zip: GAINESVILLE FL 32608

Title           PARENT  
Name           BLADES, JENNIFER  
Address        11921 SW 1ST ROAD  
City-State-Zip: GAINESVILLE FL 32607

Title           DIRECTOR  
Name           PAPPAS, CHRISTINE W  
Address        13744 NW 12TH PLACE  
City-State-Zip: GAINESVILLE FL 32669

Title           VP  
Name           PEINE, JONATHAN  
Address        6026 NW 27TH TERRACE  
City-State-Zip: GAINESVILLE FL 32653

Title           MEMBER  
Name           CHENAULT, DARLA  
Address        631 NW 97TH TERRACE  
City-State-Zip: GAINESVILLE FL 32607

Title           MEMBER  
Name           FUTCH, CHERYL  
Address        75 TURKEY CREEK  
City-State-Zip: ALACHUA FL 32615

**Continues on page 2**

*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:** CHRISTINE PAPPAS**DIRECTOR**

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title MEMBER  
Name CLEETON, CINDI  
Address 4006 NW 34TH TERRACE  
City-State-Zip: GAINESVILLE FL 32605

Title MEMBER  
Name PLACE, DEBBIE  
Address 11108 NW 20TH AVENUE  
City-State-Zip: GAINESVILLE FL 32605

Title MEMBER  
Name DENNIS, MARY ALICE  
Address 615 SW 127TH STREET  
City-State-Zip: NEWBERRY FL 32669