

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000000454

**Entity Name:** SUNSHINE FOR AUTISM FOUNDATION, INC**Current Principal Place of Business:**555 NW 47 COURT  
FORT LAUDERDALE, FL 33309**Current Mailing Address:**555 NW 47 COURT  
FORT LAUDERDALE, FL 33309 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GABBARD, NIRMA ESTHER  
555 NW 47 COURT  
FORT LAUDERDALE, FL 33309 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	GABBARD, NIRMA ESTHER
Address	555 NW 47 COURT
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	TREA
Name	GABBARD, ROY
Address	555 NW 47 COURT
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	DIR
Name	BELL, JACQUALINE
Address	555 NW 47 COURT
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	VP
Name	GABBARD, ROY
Address	555 NW 47 COURT
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	SEC
Name	GABBARD, NIRMA ESTHER
Address	555 NW 47 COURT
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	DIRECTOR
Name	COUDRIET, CHELSEA ELIZABETH
Address	555 NW 47 COURT
City-State-Zip:	FORT LAUDERDALE FL 33309

*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:** NIRMA ESTHER GABBARD**PRESIDENT****04/09/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date