

2015 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: Yes

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 VP
Name GABBARD, ROY
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 SEC
Name GABBARD, NIRMA ESTHER
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

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

03/05/2015

Electronic Signature of Signing Officer/Director Detail

Date