

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90073 020 \*\*\*\*61.25

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01042006 Chg-NP CR2E037 (11/05)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                     |                                                                               |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N04000002986</b><br>1. Entity Name<br><b>WILEY SUNSHINE FOUNDATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                     |                                                                               |                                                                                                 |  |
| Principal Place of Business<br><b>900 SW 62ND BLVD.<br/>A-1<br/>GAINESVILLE, FL 32607</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                     | Mailing Address<br><b>900 SW 62ND BLVD.<br/>A-1<br/>GAINESVILLE, FL 32607</b> |                                                                                                 |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | 3. Mailing Address                                                                  |                                                                               |                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | Suite, Apt. #, etc.                                                                 |                                                                               |                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | City & State                                                                        |                                                                               |                                                                                                 |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                           | Zip                                                                                 | Country                                                                       | 4. FEI Number<br><b>20-0901474</b>                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                     |                                                                               | Applied For<br><input type="checkbox"/> Not Applicable                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                     |                                                                               | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                     | 7. Name and Address of New Registered Agent                                   |                                                                                                 |  |
| <b>ADDISON, BETTY<br/>900 SW 62ND BLVD.<br/>A-1<br/>GAINESVILLE, FL 32607</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City            |                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                     | FL Zip Code                                                                   |                                                                                                 |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                     |                                                                               |                                                                                                 |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                     |                                                                               |                                                                                                 |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                               | <b>\$5.00 May Be<br/>Added to Fees</b>                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | <b>Make check payable to<br/>Florida Department of State</b>                        |                                                                               |                                                                                                 |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                         |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D <input type="checkbox"/> Delete |                                                                                     | TITLE                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WILEY, SUE                        |                                                                                     | NAME                                                                          |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1920 CHOWKEEBIN NENE              |                                                                                     | STREET ADDRESS                                                                |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TALLAHASSEE, FL 32301             |                                                                                     | CITY-ST-ZIP                                                                   |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D <input type="checkbox"/> Delete |                                                                                     | TITLE                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ADDISON, BEVERLY                  |                                                                                     | NAME                                                                          |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3422 BARCELONA ST                 |                                                                                     | STREET ADDRESS                                                                |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TAMPA, FL 33629                   |                                                                                     | CITY-ST-ZIP                                                                   |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D <input type="checkbox"/> Delete |                                                                                     | TITLE                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ADDISON, RHONDA                   |                                                                                     | NAME                                                                          |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 132 SW MICHIGAN ST #101           |                                                                                     | STREET ADDRESS                                                                |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LAKE CITY, FL 32025               |                                                                                     | CITY-ST-ZIP                                                                   |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D <input type="checkbox"/> Delete |                                                                                     | TITLE                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ADDISON, BETTY                    |                                                                                     | NAME                                                                          |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 900 SW 62ND BLVD. A-1             |                                                                                     | STREET ADDRESS                                                                |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | GAINESVILLE, FL 32607             |                                                                                     | CITY-ST-ZIP                                                                   |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete   |                                                                                     | TITLE                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                     | NAME                                                                          |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                     | STREET ADDRESS                                                                |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                     | CITY-ST-ZIP                                                                   |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete   |                                                                                     | TITLE                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                     | NAME                                                                          |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                     | STREET ADDRESS                                                                |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                     | CITY-ST-ZIP                                                                   |                                                                                                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                   |                                                                                     |                                                                               |                                                                                                 |  |
| <b>SIGNATURE:</b> <i>Rhonda J. Addison</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                     | 3/19/06 352-337-0903<br><small>Date Daytime Phone #</small>                   |                                                                                                 |  |