1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600000613

Corporation Name

THE SUNSHINE FOUNDATION, INC.

Principal Place of Business 1905 BONANZA CT WINTER PARK FL 32792 Mailing Address

1905 BONANZA CT WINTER PARK FL 32792

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90004 049 ****61.25

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2. Principal Pi	ace of Business				3. Date incorporated or Qualified 02/01/1996						
Cuite Ant	4	26 Suite	Ant # etc			4. FEI Number			App	lied For	
Suite, Apt. #, etc.			s, Apr. #, brc.			59-3357377				Applicable	
City & State		27 City	& State	. , .					\$8.75 A		
City & State	•	28	a State			5. Certifcate of	Status Desired		Fee Rec		
Zip	Country Zip				гу		6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
24	25	29	3	10		10. Name and A		Panietare		- 665	
	9. Name and Address of Current	Registered	Agent		1 Name	iv. Name and A	Iddiess of Men	veAlorale	u Agent		
				"	Name						
ELLIOTT, I	RICHARD E JR			8	2 Street Ad	dress (P.O. Box Num	oer is Not Accep	table)			
1905 BON	ANZA CT			L					•		
WINTER P	ARK FL 32792			8	3				•		
	.•			я	4 City		··		. 85 Zip C	ode	
	·		,					F			
11. Pursuant	to the provisions of Sections 617.0502	and 617.15	08, Florida Statutes	the abo	ve-named co	poration submits this	statement for th	e purpose	of changing its	egistered	
office or r	to the provisions of Sections 617,0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida Su	ich change was allī	nonzea c	v the corbora	uon's board of directo	rs. I nereby acc	ahr ma abb	ontunent as reg	1510100	
_	The laminar with, and accept the obligation	3113 Ot, OCOL	1017 0 17 .0000, 1 1011							ţ	
SIGNATURE	Signature, typed or printed name of registered agent	and title if apolic	able. (NOTE: F	Registered Ag	gent signature requ	ired when reinstating)		DATE			
12.	OFFICERS AND			13.		ADDITIONS/C	HANGES TO C	FFICERS	AND DIRECTOR	₹S IN 12	
TITLE	D		☐ DELETE	1.1 TITLE					Change	☐ Addition	
NAME	ELLIOTT, RICHARD E JR			1.2 NAM	E						
	1905 BONANZA CT			13 STRE	ET ADDRESS						
STREET ADDRESS	WINTER PARK FL 32792				-ST-ZIP				•		
CITY-ST-ZIP	D PARTER PARK PE 32/32		DELETE	2.1 TITLE					Change	Addition	
TITLE	CLUOTE DICHARD E CD		- DELECTE	2.2 NAM							
NAME	ELLIOTT, RICHARD E SR										
STREET ADDRESS	1				EET ADDRESS						
CITY-ST-ZIP	GLENOLDEN PA 19036				/-ST-ZIP	<u></u>			☐ Change	Addition	
TITLE	D		☐ DELETE	3.1 TITLE		*			□ cuando		
NAME	HANSEN, FR. LAWRENCE H			3.2 NAM	E					ì	
STREET ADDRESS				3.3 STR	EET ADDRESS		,			İ	
CITY-ST-ZIP	DARBY PA 19023			3.4. CITY	/-ST-ZIP		 	· · · · · ·		, A 4497	
TITLE	D . /		☐ DELETE	4.1 TITLI	E				Change	Addition	
NAME	BARNCORD, GRETA			4. 2 NAM	Æ [
STREET ADDRESS	AAA E STUOTOFFT DO DOV	660518		4.3 STRI	EET ADORESS		,	:			
CITY-ST-ZIP	CHULUOTA FL 32766			4.4 CITY	-ST-ZIP						
TITLE	D		☐ DELETE	5.1 TITL	E			 :	☐ Change	☐ Addition	
NAME	ELLIOTT, JOSEPHINE T			5.2 NAM	E					·	
STREET ADDRESS	TAN DEFOUNDE			5.3 STRI	EET ADDRESS				-		
	GLENOLDEN PA 19036	•		5.4 CITY	-ST-ZIP		•				
CITY-ST-ZIP	GLLITOLDEIT FA 13000		☐ DELETE	6.1 TITL					☐ Change	Addition	
TITLE	M 12/15/15 511 -	T /		6.2 NAM				• • •	_ ,	-	
NAME	MICHELLE EULO	```_ <i>\</i> ~	TREAS)	1	EET ADDRESS			,	-		
STREET ADDRESS	1905 BONANEA	CT.								İ	
CITY OT 710	A DANK IA	2 2 7 7 7	7 . /	■ 6.4 CITY	'-ST-ZIP					,	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LIGHTURE REQUIRES

LIGHATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/199

407-1071714