

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000000613

1. Entity 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**

DO NOT WRITE IN THIS SPACE



03232004 No Chg-NP CR2E037 (10/03)

4. FEI Number **59-3357377** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ELLIOTT, RICHARD E JR
1905 BONANZA CT
WINTER PARK, FL 32792**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ELLIOTT, RICHARD E JR
STREET ADDRESS	1905 BONANZA CT
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	D
NAME	ELLIOTT, RICHARD E SR
STREET ADDRESS	746 BEECH AVE
CITY-ST-ZIP	GLENOLDEN, PA 19036
TITLE	D
NAME	HANSEN, FR. LAWRENCE H
STREET ADDRESS	1500 LANSDOWN AVE
CITY-ST-ZIP	DARBY, PA 19023
TITLE	D
NAME	BARNCORD, GRETA
STREET ADDRESS	114 E. 7TH STREET P.O. BOX 660518
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	D
NAME	ELLIOTT, JOSEPHINE T
STREET ADDRESS	746 BEECH AVE
CITY-ST-ZIP	GLENOLDEN, PA 19036
TITLE	T
NAME	ELLIOTT, MICHELLE
STREET ADDRESS	1905 BONANZA CT
CITY-ST-ZIP	WINTER PARK, FL 32792

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04/02/04-80024-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

Richard E. Elliott, Jr. **RICHARD E. ELLIOTT, JR.**

3/31/04 **(407) 522-4242**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #