2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N96000000613

1. Entity Name

THE SUNSHINE FOUNDATION, INC.



FILED Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business

1905 BONANZA CT WINTER PARK, FL 32792 Mailing Address

1905 BONANZA CT WINTER PARK, FL 32792



04152006 No Chg-NP

CR2E037 (11/05)

4.	FEI Number	Applied For
	59-3357377	Not Applicable
5.	Certificate of Status Desired	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pulsors of registered agent.	rpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when renstating) DATE -									
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financi Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	1/00000531358 05/06/06-80037-016 61.25				
10. OFFICERS AND DIRECTORS									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT, RICHARD E JR 1905 BONANZA CT WINTER PARK, FL 32792								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT, RICHARD E SR 746 BEEACH AVE GLENOLDEN, PA 19036								
TITLE D NAME HANSEN, FR. LAWRENCE H STREET ADDRESS 1500 LANSDOWN AVE CITY-ST-ZP DARBY, PA 19023				DO NOT WRITE					
TITLE D NAME BARNCORD, GRETA STREET ADDRESS 114 E. 7TH STREET P.O. BOX 660518 CHY-SI-ZIP CHULUOTA, FL 32766			IN THIS SPACE						
THE NAME STREET ADDRESS CITY - ST - ZIP	D ELLIOTT, JOSEPHINE T 746 BEECH AVE GLENOLDEN, PA 19036	-							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELLIOTT, MICHELLE 1905 BONANZA CT WINTER PARK, FL 32792				9 Florida Statutes 1 further certify that the information				

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.

SIGNATURE:

SIGNATURE AND TYPED OR P

RICHARD E. ELLIOT, OR.

4/19/06

407-325-8376

Daytme Phone #