

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature is not required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME ELLIOTT, RICHARD E JR
STREET ADDRESS 1905 BONANZA CT
CITY-STATE-ZIP WINTER PARK FL 32792

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000871737
CITY-STATE-ZIP 04/10/08-80011-004 61.25

TITLE ☐ Delete
NAME ELLIOTT, RICHARD E SR
STREET ADDRESS 746 BEECH AVE
CITY-STATE-ZIP GLENOLDEN PA 19036

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME HANSEN, FR. LAWRENCE H
STREET ADDRESS 1500 LANSDOWN AVE
CITY-STATE-ZIP DARBY PA 19023

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME BARNCORD, GRETA
STREET ADDRESS 114 E. 7TH STREET P.O. BOX 660518
CITY-STATE-ZIP CHULUOTA FL 32766

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME ELLIOTT, JOSEPHINE T
STREET ADDRESS 746 BEECH AVE
CITY-STATE-ZIP GLENOLDEN PA 19036

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME ELLIOTT, MICHELLE
STREET ADDRESS 1905 BONANZA CT
CITY-STATE-ZIP WINTER PARK FL 32792

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

3/25/08 407-325-8376