## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N04000007794

WILLIAMS, NAHED M

17900 GULF BLVD, # 16D

REDINGTON SHORES, FL 33708

Name:

Address:

City-St-Zip:

FILED Oct 18, 2006 Secretary of State

Entity Nar	me: SUNRISE SPORTS FOUNDATION, I	NC.	•	
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
216 HILLC SAFETY H	REST DR IARBOR, FL 34695			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
216 HILLCREST DR SAFETY HARBOR, FL 34695		17900 GULF BLVD. # 16D REDINGTON SHORE:		
	: 30-0275413 FEI Number Applied For ( ) ce with s. 607.193(2)(b), F.S., the corporation did	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
	Address of Current Registered Agent:	•	f New Registered Agent:	
216 HILLC SAFETY H	IARBOR, FL 34695 US  named entity submits this statement for the	e purpose of changing its registered	d office or registered agent, or both,	
	e of Florida.			
SIGNATURE: NAHED M. WILLIAMS  Electronic Signature of Registered Agen		aent	 Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	DP ( ) Delete PALUMBO, ALFRED J 216 HILLCREST DR SAFETY HARBOR, FL 34695 DV ( ) Delete	Title: Name: Address: City-St-Zip: Title:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Name: Address: City-St-Zip:	LOOK, RAY 1736 RANCHWOOD DR DUNEDIN, FL 34698	Name: Address: City-St-Zip:	( ) Shange ( ) Addition	
Title: Name: Address: City-St-Zip:	DST () Delete LINDSAY, MARJORIE 2391 SUMATRAN WAY #5 CLEARWATER, FL 33763	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	C () Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: NAHED M. WILLIAMS CONT 10/18/2006