2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # N04000007794

1. Entity Name
SUNRISE SPORTS FOUNDATION, INC.

Principal Place of Business	Mailing Address
216 HILLCREST DR SAFETY HARBOR, FL 34695	17900 GULF BLVD. # 16D REDINGTON SHORES, FL 33708

03262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0275413
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PALUMBO, ALFRED J
216 HILLCREST DR
SAFETY HARBOR, FL 34695

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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 reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PALUMBO, ALFRED J
STREET ADDRESS	216 HILLCREST DR
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	DV
NAME	LOOK, RAY
STREET ADDRESS	1736 RANCHWOOD DR
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	DST
NAME	LINDSAY, MARJORIE
STREET ADDRESS	2391 SUMATRAN WAY #5
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	C
NAME	WILLIAMS, NAHED M
STREET ADDRESS	17900 GULF BLVD, # 16D
CITY-ST-ZIP	REDINGTON SHORES, FL 33708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/07-80014-003 61.25

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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: Nahed M. Williams NAHED M. WILLIAMS 4/6/07 (727) 392-2035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #