FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:05

DOCUMENT # 764643 (3)

1. Corporation Name
SUNRISE OF PASCO COUNTY, INC.

Principal Place of Business	Mailing Address
513 S 17TH STREET DADE CITY FL 33525 US	PO BOX 928 DADE CITY FL 33526 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1982
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-2284119 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 13945 17th St.
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MORRILL, PENELOPE W.
2219 CULBREATH RD.
BROOKSVILLE FL 34602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT/D ☑ Change ☐ Addition
NAME	ALTMAN, LAURA	1.2 NAME	CALDWELL, JEAN
STREET ADDRESS	2226 CLINTON AVE CT.	1.3 STREET ADDRESS	12554 MAGNOLIA
CITY-ST-ZIP	DADE CITY FL	1.4 CITY-ST-ZIP	SAN ANTONIO, FL.
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	POWERS, ALLAN	2.2 NAME	
STREET ADDRESS	622 CURLEY	2.3 STREET ADDRESS	12430 Curley Rd.
CITY-ST-ZIP	SAN ANTONIO FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, MARION	3.2 NAME	
STREET ADDRESS	1522 SPARLIN	3.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SECRETARY/D ☑ Change ☐ Addition
NAME	FOLTZ, MELANIE	4.2 NAME	STEVENS, MELODY
STREET ADDRESS	6182 44 AVE N	4.3 STREET ADDRESS	3224 LAKE PADGET DR.
CITY-ST-ZIP	KENNETT CITY FL	4.4 CITY-ST-ZIP	LAND O' LAKES, FL. 34639
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allan J. Rubin 1-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033918