

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 764643 (3)**

1. Corporation Name

**SUNRISE OF PASCO COUNTY, INC.**



Principal Place of Business

**13945 17TH ST.  
DADE CITY FL 33525  
US**

Mailing Address

**PO BOX 928  
DADE CITY FL 33526  
US**

3. Date Incorporated or Qualified  
**08/20/1982**

3a. Date of Last Report  
**01/27/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number  
**59-2284119**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

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 **ALFRED J IVIE, JR**

82 Street Address (P.O. Box Number is Not Acceptable)  
**38100 Meridian Ave**

83

84 City **Dade City**

**FL**

85 Zip Code  
**33525**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

**ALFRED J. IVIE, JR., ATTORNEY**

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **CALDWELL, JEAN**  
STREET ADDRESS **12554 MAGNOLIA**  
CITY-ST-ZIP **SAN ANTONIO FL**

TITLE **TD** ☒ DELETE  
NAME **POWERS, ALLAN**  
STREET ADDRESS **12430 CURLEY RD.**  
CITY-ST-ZIP **SAN ANTONIO FL**

TITLE **VD** ☐ DELETE  
NAME **SMITH, MARION**  
STREET ADDRESS **1522 SPARLIN**  
CITY-ST-ZIP **LUTZ FL**

TITLE **SD** ☐ DELETE  
NAME **STEVENS, MELODY**  
STREET ADDRESS **3224 LAKE PADGETT DR.**  
CITY-ST-ZIP **LAND O'LAKES FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition  
1.2 NAME **ALTMAN, LAURA**  
1.3 STREET ADDRESS **11815 Chesterfield Rd.**  
1.4 CITY-ST-ZIP **DADE CITY, FL. 33525**

2.1 TITLE **TREASURER** ☒ Change ☐ Addition  
2.2 NAME **GREGG, BILL**  
2.3 STREET ADDRESS **14144 6th St**  
2.4 CITY-ST-ZIP **DADE CITY, FL. 33525**

3.1 TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition  
3.2 NAME **GRAY, Ken**  
3.3 STREET ADDRESS **5344 9th St.**  
3.4 CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**

4.1 TITLE **SECRETARY** ☒ Change ☐ Addition  
4.2 NAME **CITAPMAN, Saybra**  
4.3 STREET ADDRESS **38608 Burger Lane**  
4.4 CITY-ST-ZIP **DADE City, FL. 33525**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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: **Laura O. Altman** **LAURA O. ALTMAN**

**3-646 (352) 521-0972**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)