

2-14-97 B-2133 C  
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Feb 19 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 33526-0928  
US



3. Date Incorporated or Qualified  
06/20/1982

3a. Date of Last Report  
04/03/1996

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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 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

(NOTE: Registered Agent signature required when reinstating)

1/15/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME ALTMAN, LAURA  
STREET ADDRESS 11815 CHESTERFIELD RD.  
CITY-ST-ZIP DADE CITY FL 33525

TITLE T ☐ DELETE  
NAME GREGG, BILL  
STREET ADDRESS 14144 6TH STREET  
CITY-ST-ZIP DADE CITY FL 33525

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 VP ☒ DELETE  
NAME GRAY, KEN  
STREET ADDRESS 5344 9TH STREET  
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE S ☒ DELETE  
NAME CHAPMAN, SAYBRA  
STREET ADDRESS 38608 BURGER LANE  
CITY-ST-ZIP DADE CITY FL 33525

1.1 TITLE President ☒ Change ☒ Addition  
1.2 NAME First, GREG T  
1.3 STREET ADDRESS 57320 Hickory Hill LN  
1.4 CITY-ST-ZIP DADE CITY, FL 33526

2.1 TITLE VICE-PRES. ☒ Change ☒ Addition  
2.2 NAME ALTMAN, LAURA T  
2.3 STREET ADDRESS 11815 Chesterfield Rd  
2.4 CITY-ST-ZIP DADE CITY, FL 33525

3.1 TITLE SECRETARY ☐ Change ☒ Addition  
3.2 NAME HAMORY, JUNE T  
3.3 STREET ADDRESS 14848 Ramsey Rd.  
3.4 CITY-ST-ZIP DADE CITY, FL 33525

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97

Date

352-521-3120

Daytime Phone # 0045634

CR2E037 (9/96)