


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **764643** (3)  
1. Corporation Name  
**SUNRISE OF PASCO COUNTY, INC.**



Principal Place of Business <b>13045 17TH ST. DADE CITY FL 33525 US</b>	Mailing Address <b>PO BOX 926 DADE CITY FL 33526 US</b>
--	--

3. Date Incorporated or Qualified <b>08/20/1982</b>
4. FEI Number <b>59-2284119</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business <b>21 12724 Smith Rd</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Dade City FL</b>	City & State <b>28</b>
Zip <b>24 33525</b>	Country <b>25 USA</b>

9. Name and Address of Current Registered Agent <b>ME, ALFRED J JR. 38100 MERIDIAN AVE. DADE CITY FL 33525</b>	10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>
---	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT FIRST, GREG 37320 HICKORY HILL LANE DADE CITY FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	VPT McCabe, DIANE 6225 Silver Oaks Dr 2EPHYRILLS, FL 33541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GREGG, BILL 14144 6TH STREET DADE CITY FL 33525	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HARMORY, JUNE 14848 RAMSEY RD. DADE CITY FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT ALTMAN, LAURA 11815 CHESTERFIELD RD. DADE CITY FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

14. I 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: \_\_\_\_\_

1-20-98

CR25037 (10/97)