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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **764643**

1. Corporation Name

SUNRISE OF PASCO COUNTY, INC.

272225 - 90108 - 8

Principal Place of Business	Mailing Address
12724 SMITH RD DADE CITY FL 33525 US	PO BOX 928 DADE CITY FL 33526 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/20/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2284119 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MIE, ALFRED J JR. 38100 MERIDIAN AVE. DADE CITY FL 33525	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 _____ 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	PT	☒ DELETE	1.1 TITLE	SECRETARY T ADD	☒ Change ☐ Addition
NAME	FIRST, GREG		1.2 NAME	COLBY, FRED	
STREET ADDRESS	37320 HICKORY HILL LANE		1.3 STREET ADDRESS	14152 Jennifer Way	
CITY-ST-ZIP	DADE CITY FL		1.4 CITY-ST-ZIP	Dade City, FL 33525	
TITLE	T	☒ DELETE	2.1 TITLE	TREASURER T ADD	☒ Change ☐ Addition
NAME	GREGG, BILL		2.2 NAME	Kendrick, William	
STREET ADDRESS	14144 6TH STREET		2.3 STREET ADDRESS	P.O. Box 1976	
CITY-ST-ZIP	DADE CITY FL 33525		2.4 CITY-ST-ZIP	Dade City, FL 33526	
TITLE	ST	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARMORY, JUNE		3.2 NAME		
STREET ADDRESS	14848 RAMSEY RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL		3.4 CITY-ST-ZIP		
TITLE	VPT	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCCABE, DIANE		4.2 NAME		
STREET ADDRESS	6225 SILVER OAKS DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL 33541		4.4 CITY-ST-ZIP		
TITLE	CHAIR T ADD Change	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRAY, KEN		5.2 NAME		
STREET ADDRESS	5344 9th St		5.3 STREET ADDRESS		
CITY-ST-ZIP	Zephyrhills, FL 33540		5.4 CITY-ST-ZIP		
TITLE	VICE-CHAIR T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DITTENBER, ARNOLD ADD		6.2 NAME		
STREET ADDRESS	7110 Jason DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	Zephyrhills, FL 33539 Change		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/13/99 (352) 521-5006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William K. Kendrick, Jr.