

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764643

FILED
Jan 16, 2009
Secretary of State

Entity Name: SUNRISE OF PASCO COUNTY, INC.

Current Principal Place of Business:

12724 SMITH RD
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 928
DADE CITY, FL 33526 US

New Mailing Address:

FEI Number: 59-2284119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHINSON, BROCK ATTY
37837 MENDIAN AVE
SUITE 314
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

HUTCHINSON, BROCK ATTY
37837 MERIDIAN AVE
SUITE 314
DADE CITY, FL 33525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SCHWAB, SHERI
Address: 5301 BERNADETTE DR.
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: TD () Delete
Name: MAZZARA, VINCE MR.
Address: 8208 LAGERFELD DR.
City-St-Zip: LAND O'LAKES, FL 34637

Title: PTD () Delete
Name: UNDERWOOD, BETH MS.
Address: 5505 FOXTAIL CT.
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: SD () Delete
Name: VANKAMPEN, DORIS M
Address: 9865 ARROW DR..
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PENNY MORRILL

CEO

01/16/2009

Electronic Signature of Signing Officer or Director

Date