

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764643

**FILED**  
**Jan 11, 2010**  
**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 MERIDIAN AVE  
SUITE 314  
DADE CITY, FL 33525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: ASHMORE, CONNIE  
Address: 39250 PRETTY POND RD.  
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: TD  
Name: CARSON, DWIGHT MR.  
Address: 37612 CARSON LANE  
City-St-Zip: DADE CITY, FL 33525

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

Title: SD  
Name: RUCHTIL, ROBERT  
Address: 36513 LAUREL OAK LANE  
City-St-Zip: DADE CITY, FL 33525

I hereby 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 all other like empowered.

SIGNATURE: VINCENT MAZZARA

PRES

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date