


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90028 037 ***150.00

DOCUMENT # N02000006192 1. Entity Name SUNRAISE FUNDRAISING CONSULTANTS, INC.					
Principal Place of Business 627 LIVE OAK LANE WESTON, FL 33327			Mailing Address 1112 WESTON ROAD SUITE 187 WESTON, FL 33326 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03222004 Chg-NP CR2E037 (10/03)	
4. FEI Number 41-2055237				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SERRONE, ROBERT A ESQ. 2200 NORTH COMMERCE PARKWAY SUITE 206 WESTON, FL 33326			Name GBS Consultants Street Address (P.O. Box Number is Not Acceptable) 1290 Weston Rd, Suite 306. City Weston FL Zip Code 33326		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Maria Diaz</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			Maria Diaz President. 03/22/04. <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAC QUIER, MARTIN E J CEO		NAME		
STREET ADDRESS	627 LIVE OAK LANE		STREET ADDRESS		
CITY - ST - ZIP	WESTON, FL 33327		CITY - ST - ZIP		
TITLE	V/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERRIO, EDISON		NAME		
STREET ADDRESS	9 MAGNOLIA COURT		STREET ADDRESS		
CITY - ST - ZIP	EAST BRUNSWICK, NJ 08816		CITY - ST - ZIP		
TITLE	M/T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACQUIER, CHRISTINE C		NAME		
STREET ADDRESS	627 LIVE OAK LANE		STREET ADDRESS		
CITY - ST - ZIP	WESTON, FL 33327		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 03/22/04 Daytime Phone #		