

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004470

FILED  
Jan 26, 2005  
Secretary of State

Entity Name: THE SUNRISE FOUNDATION, INC.

## Current Principal Place of Business:

505 SOUTH FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 3475  
WEST PALM BEACH, FL 334023475

## New Mailing Address:

P. O. BOX 3475  
WEST PALM BEACH, FL 334023475

FEI Number: 77-0600158

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH, FL 33401 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: D ( ) Delete  
Name: LIMBAUGH, MARTA  
Address: 505 SOUTH FLAGLER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: LIMBAUGH, RUSH H III  
Address: 505 SOUTH FLAGLER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: MCCracken, JOHN B  
Address: 505 SOUTH FLAGLER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: MARANDA, MARTA  
Address: 505 SOUTH FLAGLER DRIVE, SUITE 1100  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DV (X) Change ( ) Addition  
Name: POOLE, SARAH  
Address: 2800 VIA ROYALE, APT. 2813  
City-St-Zip: JUPITER, FL 33458

Title: D (X) Change ( ) Addition  
Name: MCCracken, JOHN B  
Address: 505 SOUTH FLAGLER DRIVE, SUITE 1100  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARTA MARANDA

P

01/26/2005

Electronic Signature of Signing Officer or Director

Date