

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010401

FILED
Mar 04, 2006
Secretary of State

Entity Name: SUNRISE SPORTS CENTER BOOSTERS, INC.

Current Principal Place of Business:

2901 NORTH U.S. HIGHWAY ONE
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

2901 NORTH U.S. HIGHWAY ONE
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 86-1147817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORAN, CHARLOTTW
2811 SE EAGLE DRIVE
PORT ST LUCIE, FL 34984 US

Name and Address of New Registered Agent:

DORAN, CHARLOTTE
2811 SE EAGLE DRIVE
PORT ST LUCIE, FL 34984 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: CHARLOTTE DORAN

03/04/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DORAN, CHARLOTTE
Address: 2811 SE. EAGLE DRIVE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: V () Delete
Name: LOPRESTI, SONJA
Address: 207 SW MARATHON AVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: S () Delete
Name: RACZKOSKI, AMY
Address: 6704 PENNY LANE
City-St-Zip: FORT PIERCE, FL 34951

Title: T () Delete
Name: CALLISON, AMY
Address: 4802 SUNSET BLVD.
City-St-Zip: PORT ST LUCIE, FL 34984

Title: CHRM () Delete
Name: BURR, KRISTINE
Address: 122 S. MAGNOLIA STREET
City-St-Zip: FELLSMERE, FL 32948

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLOTTE DORAN

D

03/04/2006

Electronic Signature of Signing Officer or Director

Date