

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 03, 2006
Secretary of State

DOCUMENT# N05000010401

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 (X)****Name and Address of Current Registered Agent:**DORAN, CHARLOTTE
2811 SE EAGLE DRIVE
PORT ST LUCIE, FL 34984 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: OWEN, DONALD
Address: 1947 36TH AVE
City-St-Zip: VERO BEACH, FL 32960**Title:** V () Delete
Name: LUCAS, YOLANDA
Address: 4116 57TH COURT
City-St-Zip: VERO BEACH, FL 32967**Title:** S () Delete
Name: CALLISON, AMY
Address: 4802 SUNSET BLVD
City-St-Zip: PORT ST. LUCIE, FL 34984**Title:** T () Delete
Name: RACZKOSKI, AMY
Address: 6704 PENNY LANE
City-St-Zip: FORT PIERCE, FL 34951**Title:** CHRM () Delete
Name: DORAN, CHARLOTTE
Address: 2811 SE EAGLE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34984**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: OWEN, JENNIFER
Address: 1947 36TH AVE
City-St-Zip: VERO BEACH, FL 32960**Title:** V (X) Change () Addition
Name: CALLISON, AMY
Address: 4802 SUNSET BLVD
City-St-Zip: PORT ST. LUCIE, FL 34984**Title:** S (X) Change () Addition
Name: SCAVUZZO, TONYA
Address: 5748 NW BELWOOD CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986**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

CHRM

10/03/2006

Electronic Signature of Signing Officer or Director

Date