

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000010401**

1. Entity Name  
**SUNRISE SPORTS CENTER BOOSTERS, INC.**



Principal Place of Business

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

Mailing Address

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



03282007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**86-1147817**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 *Charlotte Doran*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4-11-07*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000730634  
05/08/07-80088-001 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
OWEN, JENNIFER  
1947 36TH AVE  
VERO BEACH, FL 32960**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
CALLISON, AMY  
4802 SUNSET BLVD  
PORT ST. LUCIE, FL 34984**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SCAVUZZO, TONYA  
5748 NW BELWOOD CIRCLE  
PORT ST. LUCIE, FL 34986**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
RACZKOSKI, AMY  
6704 PENNY LANE  
FORT PIERCE, FL 34951**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CHRM  
DORAN, CHARLOTTE  
2811 SE EAGLE DRIVE  
PORT ST. LUCIE, FL 34984**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Jennifer Owen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/11/07* (772) 569-9500  
Date Daytime Phone #