

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010401

FILED  
Apr 30, 2008  
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, CHARLOTTE  
2811 SE EAGLE DRIVE  
PORT ST LUCIE, FL 34984 US

**Name and Address of New Registered Agent:**

RACZKOSKI, AMY  
6704 PENNY LANE  
FT. PIERCE, FL 34951 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: AMY RACZKOSKI

04/30/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OWEN, JENNIFER  
Address: 1947 36TH AVE  
City-St-Zip: VERO BEACH, FL 32960

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

Title: S ( ) Delete  
Name: SCAVUZZO, TONYA  
Address: 5748 NW BELWOOD CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34986

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CRUZ, WILSON  
Address: 80 VIRGINIA PARK BLVD  
City-St-Zip: FT. PIERCE, FL 34947

Title: VP/S (X) Change ( ) Addition  
Name: BORCHARDT, REBECCA  
Address: 6376 7TH PLACE  
City-St-Zip: VERO BEACH, FL 32968

Title: T/ C (X) Change ( ) Addition  
Name: RACZKOSKI, AMY  
Address: 6704 PENNY LANE  
City-St-Zip: FT. PIERCE, FL 34951

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 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: AMY RACZKOSKI

T

04/30/2008

Electronic Signature of Signing Officer or Director

Date