

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 05, 2009
Secretary of State**

DOCUMENT# N05000011696

Entity Name: SUNRISE COMMUNITY EDUCATION ALLIANCE, INC.

Current Principal Place of Business:

7100 W. OAKLAND PK. BLVD.
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

7100 W. OAKLAND PK. BLVD.
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 20-4110096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES, G. OLIVER
11420 NW 28TH COURT
PLANTATION ACRES, FL 33323 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: P () Delete
Name: BARNES, G. OLIVER
Address: 11420 NW 28TH COURT
City-St-Zip: PLANTATION, FL 33323

Title: T () Delete
Name: WALKER, JOAN
Address: 10420 NW 31 COURT
City-St-Zip: SUNRISE, FL 33351

Title: VP () Delete
Name: MCKOY, ENID
Address: 4410 NW 25TH STREET
City-St-Zip: LAUDERHILL, FL 33313

Title: S () Delete
Name: BARNES, SONIA E
Address: 11420 NW 28TH COURT
City-St-Zip: PLANTATION ACRES, FL 33323

Title: VP () Delete
Name: KING, DONALD
Address: PO BOX 5504
City-St-Zip: FORT LAUDERDALE, FL 33310

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: RUSSELL, BARRINGTON
Address: 4510 INVERRARY BLVD,
City-St-Zip: LAUDERHILL, FL 33319

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: G OLIVER BARNES

PD

03/05/2009

Electronic Signature of Signing Officer or Director

Date