2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007013

FILED Apr 14, 2008 Secretary of State

Entity Name: AMERICAN BUSINESS WOMEN'S ASSOCIATION SUNRISE CHAPTER, INC.

Current P	rincipal Place	of Business:	New Principal Place	ce of Business:	
	EVA RD. NDA BROWNIN A, FL 34238	G			
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
	EVA RD. NDA BROWNIN 'A, FL 34238	G			
FEI Number	:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	s of New Registered Agent:	
BROWN, 3 4626 PARI SARASOT		US			
		ubmits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
n the State	e of Florida.	ubmits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
	e of Florida. ´ RE:	·			
n the State	e of Florida. ´ RE:	ubmits this statement for the p		ered office or registered agent, or both, Date	
in the State	e of Florida. ´ RE:	c Signature of Registered Age	ent		
in the State	e of Florida. RE: Electroni S AND DIRECT	c Signature of Registered Age CORS: Delete CORS:	ent	Date	
in the State SIGNATUI OFFICER: Title: Name: Address:	e of Florida. RE: Electroni S AND DIRECT DP () BROWN, SANDY 4626 PARNELL SARASOTA, FL	c Signature of Registered Age ORS: Delete OR. 34232 Delete Ext., #174	ent ADDITIONS/CHAN Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTORS	
In the State SIGNATUI OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	E of Florida. RE: Electroni S AND DIRECT DP () BROWN, SANDY 4626 PARNELL SARASOTA, FL DS () GRUBER, MARIE 8374 MARKET S BRADENTON, FI	C Signature of Registered Age ORS: Delete OR. 34232 Delete EXT., #174 L 34202 Delete Delete Olicia ST.	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTORS () Change () Addition	

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: SANDY BROWN PRES 04/14/2008