

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Nov 03, 2008
Secretary of State**

DOCUMENT# N07000010921

Entity Name: SUNRISE THEATRE FOUNDATION, INC.

Current Principal Place of Business:

117 S 2ND STREET
FT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

117 S 2ND STREET
FT PIERCE, FL 34950

New Mailing Address:

500 VIRGINIA AVE., SUITE 202
FT PIERCE, FL 34982

FEI Number: 26-1439235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABERNETHY, BRUCE R JR.
500 VIRGINIA AVE
SUITE 202
FT PIERCE, FL 34982 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: BRUCE R ABERNETHY JR

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOROWITZ, MICHAEL K
Address: 1076 CAROLINA CIRCLE SW
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: ABERNETHY, JR., BRUCE R
Address: 500 VIRGINIA AVE, SUITE 202
City-St-Zip: FT PIERCE, FL 34982

Title: D () Delete
Name: KING, MAXWELL C DR.
Address: 1384 HEATH COURT
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: HOROWITZ, MICHAEL K
Address: 1076 CAROLINA CIRCLE SW
City-St-Zip: VERO BEACH, FL 32962

Title: D/P (X) Change () Addition
Name: ABERNETHY, JR., BRUCE R
Address: 500 VIRGINIA AVE, SUITE 202
City-St-Zip: FT PIERCE, FL 34982

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: BRUCE R ABERNETHY JR

Electronic Signature of Signing Officer or Director

PRES

11/03/2008

Date