

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010921

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**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:**

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

**New Mailing Address:**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

Title: D/P  
Name: RICHESON, SALLY  
Address: PO BOX 3686  
City-St-Zip: FORT PIERCE, FL 34948

Title: D  
Name: SHAFER, TERRY W  
Address: 225 ORANGE AVE  
City-St-Zip: FORT PIERCE, FL 34950

Title: DVP  
Name: DEROSS, JOSEPH J  
Address: 3002 TWIN LAKES TERRACE  
City-St-Zip: FORT PIERCE, FL 34946

I hereby 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 all other like empowered.

SIGNATURE: BRUCE R ABERNETHY JR

SEC

02/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date