FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N16598** **(7)**

1. Corporation Name

SUNRISE COMMUNITY FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O LESLIE W. LEECH. JR. 9040 SUNSET DR.. STE. 70-A MIAMI FL 33173 US	C/O LESLIE W. LEECH. JR. 9040 SUNSET DR.. STE. 70-A MIAMI FL 33173 US

3. Date Incorporated or Qualified: 09/02/1986
3a. Date of Last Report: 02/27/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0021846 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEECH, LESLIE W., JR.
9040 SUNSET DR.
STE. 70-A
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	GREENBERG, BARNETT, PHD		12 NAME	
STREET ADDRESS	7761 SW 176 STREET		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SPELIOS, GEORGE, DDS		22 NAME	
STREET ADDRESS	10729 SW 117 CT.		23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	
TITLE	D	☒ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	RUBIN, RICHARD L.		32 NAME	
STREET ADDRESS	8525 S.W. 92ND STREET		33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	MORING, ROBERT		42 NAME	
STREET ADDRESS	9400 S. DADELAND BLVD.		43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	WEINGER, STEVEN M.		52 NAME	
STREET ADDRESS	2650 S.W. 27TH AVENUE		53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		54 CITY-ST-ZIP	
TITLE	D	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	WETHERINGTON, GLORIA		62 NAME	
STREET ADDRESS	3320 N.E. 18 TERRACE		63 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL		64 CITY-ST-ZIP	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/12/96 305-596-9040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #