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CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY 17 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **N94000000736 (8)**

1. Corporation Name
SUNRISE DROP IN CENTER, INC.

Principal Place of Business	Mailing Address
1701 MABBETT ST APT 16108 KISSIMMEE FL 34741	1701 MABBETT ST APT 16108 KISSIMMEE FL 34741

3. Date Incorporated or Qualified: 02/08/1994
3a. Date of Last Report:
4. FEI Number: 59-3222463 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 505 N. Clyde St.	26 505 N. Clyde St
22 Suite, Apt. #, etc. -	27 Suite, Apt. #, etc. -
23 City & State: Kissimmee, FL 34741	28 City & State: Kissimmee, FL 34741
24 Zip: 34741 25 Country: Osceola	29 Zip: 34741 30 Country: Osceola

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MACDONNELL, JOHN 1701 MABBETT ST KISSIMMEE FL 34741	81 Name: Michael Casey 82 Street Address (P.O. Box Number is Not Acceptable): 505 N. Clyde St 83 84 City: Kissimmee, FL 85 Zip Code: 34741

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Michael L. Casey — Signature, typed or printed name of registered agent and title if applicable
Michael L. Casey VP — (NOTE: Registered Agent signature required when reinstating)
DATE: 4/3/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Andy Lavelle 1701 Mabbette Kissimmee, FL 34741	11 TITLE P= / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President Loretta Ureina 415 Tennessee Ave St. Clouf, FL 32769	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Loretta Ureina 415 Tennessee Ave St. Cloud, FL 32769	21 TITLE VP= / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Vice President Michael L. Casey 1305 Boulder Dr. Apt D Kissimmee, FL 34744	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Debra Rollins 505 N. Clyde Kissimmee, FL 34741	31 TITLE S-T= / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Secretary - TREASURER Dorothy Thompson 6520 Edgeworth Dr Orlando, FL 32819	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Elaine Lavelle 2608 Horseshoe Bay Dr Kissimmee, FL 34741	41 TITLE T= / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Eileen Rogers 2351 Canal St Oviedo, FL 32765	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairperson Jeff Call 505 N. Clyde St Kissimmee, FL 34741	51 TITLE T= / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	Adam Saslov 3030 S. Semoran Blvd Orlando, FL 32822	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	No Asst	61 TITLE T= / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	LaTonya Johnson 12325 Foxhound Ct Orlando, FL 32826	☒ Change ☐ Addition

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)(i), 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: [signature] 4/3/95 407- 273-1608
SIGNATURE AND TITLE OF AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

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