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 # N94000000736 (8)

1. Corporation Name

SUNRISE DROP IN CENTER, INC.

Principal Place of Business	Mailing Address
505 N. CLYDE STREET KISSIMMEE FL 34741	505 N. CLYDE STREET KISSIMMEE FL 34741

3. Date Incorporated or Qualified: 02/08/1994

3a. Date of Last Report: 05/17/1995

2. Principal Place of Business
21: 913 W. June Street
Suite, Apt. #, etc. 22: —
City & State 23: Kissimmee, FL 34741
Zip 24: 34741 Country 25: Osceola

2a. Mailing Address
26: 6520 Edgeworth Dr
Suite, Apt. #, etc. 27: —
City & State 28: Orlando, FL 32819
Zip 29: 32819 Country 30: Orange

4. FEI Number: 59-3222463 ☐ 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 N/A

9. Name and Address of Current Registered Agent

CASEY, MICHAEL
505 N. CLYDE ST.
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name: Mike Sokol
82 Street Address (P.O. Box Number is Not Acceptable): 505 N. Clyde Street
83: —
84 City: Kissimmee FL 85 Zip Code: 34741

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: Michael Sokol — Signature, typed or printed name of registered agent and title if applicable. MICHAEL SOKOL (NOTE: Registered Agent signature required when reinstating) DATE: 4/15/96

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LORETTA HERIRA 415 TENNESSEE AVE ST.CLOUD FL 32769	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CASEY, MICHAEL 1305 BOULDER DR APT D KISSIMMEE FL 34744	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DOROTHY, THOMPSON 6520 EDGEWORTH DR ORLANDO FL 32819	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EILEEN ROGERS 2351 CANAL ST OVIEDA FL 32765	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ADAM SASLOV 3030 S. SEMERAN BLVD ORLANDO FL 32826	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P JOHN PARTENHEIMER 505 N. Clyde Street Kissimmee, FL 34741	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP MIKE SOKOL 505 N. Clyde Street Kissimmee, FL 34741	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	T ARNOLD FIGUEROA 1499 Bermuda Ave Kissimmee, FL 34741	☒ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	T DR. BENJAMIN OCAMPO 101 Park Pl Dr Ste I Kissimmee, FL 34741	☐ Change ☒ Addition

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: John Partenheimer — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: John PARTENHEIMER Date: 4/15/96 Daytime Phone #: 1-407-351-2968