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FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000736 (8)**

1. Corporation Name

SUNRISE DROP IN CENTER, INC.

Principal Place of Business

Mailing Address

**813 W JUNE ST
KISSIMMEE FL 34741
US**

**6520 EDGEWORTH DRIVE
ORLANDO FL 32819
US**

3. Date Incorporated or Qualified

02/08/1994

4. FEI Number

59-3222463

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIKE SOKAL
605 N CLYDE STREET
KISSIMMEE FL 34741**

81 Name **BUTCH BENEDICT**

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

2953 7th St.

83

84 City **ST. CLOUD**

FL

85 Zip Code **34769**

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 617.1503, Florida Statutes.

SIGNATURE

BUTCH BENEDICT

4/1/98

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P
NAME MCINTOSH, RONALD
STREET ADDRESS %BON AIRE APT 9 E DAKIN
CITY-ST-ZIP KISSIMMEE FL**

TITLE ☐ DELETE

**VP
NAME MIKE SOKOL
STREET ADDRESS 505 N CLYDE STREET
CITY-ST-ZIP KISSIMMEE FL**

TITLE ☐ DELETE

**ST
NAME DOROTHY, THOMPSON
STREET ADDRESS 6520 EDGEWORTH DR
CITY-ST-ZIP ORLANDO FL 32819**

TITLE ☐ DELETE

**T
NAME EILEEN ROGERS
STREET ADDRESS 2351 CANAL ST
CITY-ST-ZIP OVIEDA FL 32785**

TITLE ☐ DELETE

**VP
NAME BENEDICT, BUTCH
STREET ADDRESS 2953 7TH ST
CITY-ST-ZIP ST CLOUD FL**

TITLE ☐ DELETE

**T
NAME DR. BENJAMIN OCAMPO
STREET ADDRESS 101 PARK PLACE DRIVE, SUITE 1
CITY-ST-ZIP KISSIMMEE FL**

1.1 TITLE ☒ Change ☐ Addition

**p/T
NAME BENEDICT, BUTCH
STREET ADDRESS 2953 7th St
CITY-ST-ZIP St. Cloud, FL 34769**

2.1 TITLE ☒ Change ☐ Addition

**VP/T
NAME BENEVOLENT, PAMELA
STREET ADDRESS 108 Wildwood Ct
CITY-ST-ZIP Kissimmee, FL 34741**

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

**VP/T
NAME HORTON, DAVID
STREET ADDRESS 4901 Mabbette,
CITY-ST-ZIP Kissimmee, FL 34741**

5.1 TITLE ☒ Change ☐ Addition

**C
NAME SALTIEL ALBERT
STREET ADDRESS 3178 Crestwood Cir
CITY-ST-ZIP St. Cloud, FL 34741**

6.1 TITLE ☒ Change ☐ Addition

**C
NAME STANGLER, BEVERLY
STREET ADDRESS 15 Church St
CITY-ST-ZIP Kissimmee, FL 34741**

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

BUTCH BENEDICT

4/1/98

CP2E037 (10/97)