~~2004~~ NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000000736

1. Entity Name
SUNRISE DROP IN CENTER, INC.

Principal Place of Business	Mailing Address
512 NORTH CLYDE KISSIMMEE, FL 34742 US	PO BOX 421177 KISSIMMEE, FL 34742 US

01192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3222463
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WATSON, SHELLEY L
512 NORTH CLYDE
KISSIMMEE, FL 34742

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Shelley L Watson SHELLEY L. WATSON 1-20-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

U00000030083
02/04/04-80094-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WATOSN, SHELLEY L
STREET ADDRESS	334 MARYLAND AVE
CITY-ST-ZIP	ST CLOUD, FL 34769
TITLE	ED
NAME	PRATHER, WILLIAM
STREET ADDRESS	206 PARK PLACE
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	PR
NAME	MILLER, MICHAEL
STREET ADDRESS	1701 N MABBETTE STREET
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	OM
NAME	PALO, MARY L
STREET ADDRESS	2008 BRENGLE AVE
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	ED
NAME	KULL, J NELSON
STREET ADDRESS	1313 30TH STREET
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	S
NAME	KRAWCZYK, TRUDIE
STREET ADDRESS	1623 CALVIN CRL
CITY-ST-ZIP	KISSIMMEE, FL 34746

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shelley L Watson SHELLEY L WATSON 1-2004 407-846-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #