2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N94000000736

Entity Name: SUNRISE DROP IN CENTER, INC.

Current Principal Place of Business:

512 NORTH CLYDE
KISSIMMEE, FL 34742 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 421177
KISSIMMEE, FL 34742 US

New Mailing Address:

FEI Number: 59-3222463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, SHELLEY L
512 NORTH CLYDE
KISSIMMEE, FL 34742 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WATOSN, SHELLEY L
Address: 334 MARYLAND AVE
City-St-Zip: ST CLOUD, FL 34769

Title: ED ( ) Delete
Name: PRATHER, WILLIAM
Address: 206 PARK PLACE
City-St-Zip: KISSIMMEE, FL 34741

Title: PR ( ) Delete
Name: MILLER, MICHAEL
Address: 1701 N MABBETTE STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: ED ( ) Delete
Name: KULL, J NELSON
Address: 1313 30TH STREET
City-St-Zip: ORLANDO, FL 32805

Title: S ( ) Delete
Name: KRAWCZYK, TRUDIE
Address: 1623 CALVIN CRL
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELLEY L WATSON EXDI 03/25/2009
Electronic Signature of Signing Officer or Director — Date