

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -6 AM 6:36

DOCUMENT # N94000005509 (4)

1. Corporation Name

SUNRISE CHILDREN'S FOUNDATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3174 TAMiami TRAIL EAST
NAPLES FL 33962

3174 TAMiami TRAIL EAST
NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/07/1994

4. FEI Number

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Suite, Apt # etc

Suite, Apt #, etc

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

City & State

City & State

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

Zip

Country

Zip

Country

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

COLEMAN, MICHAEL
3174 TAMiami TRAIL EAST
NAPLES FL 33962

81 Name

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

83

84 City

FL

85 Zip Code

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

(Signature typed or printed name of registered agent and date of signature)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BREMSETH, CHARLOTTE J
STREET ADDRESS	490 IBIS WAY
CITY, ST, ZIP	NAPLES FL 33942
TITLE	D
NAME	COLEMAN, MICHAEL
STREET ADDRESS	3174 TAMiami TRAIL EAST
CITY, ST, ZIP	NAPLES FL 33962
TITLE	D
NAME	CONLEY, BRUCE D
STREET ADDRESS	2338 IMMOKALEE RD., #147
CITY, ST, ZIP	NAPLES FL 33942
TITLE	D
NAME	COWEN, SARAH
STREET ADDRESS	159 LOLLYPOP LANE
CITY, ST, ZIP	NAPLES FL 33962
TITLE	D
NAME	ERTAG, DR. WILLIAM
STREET ADDRESS	720 GOODLETTE RD., #203
CITY, ST, ZIP	NAPLES FL 33940
TITLE	D
NAME	HAYES, T M
STREET ADDRESS	800 SEAGATE DR., #304
CITY, ST, ZIP	NAPLES FL 33940

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

William D ERTAG MD

3/7/95

813-262-8971