

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1996-29-9

B-6644-2

DOCUMENT # N94000005509 (4)

1. Corporation Name

SUNRISE CHILDREN'S FOUNDATION, INC.

Principal Place of Business

3174 TAMiami TRAIL EAST
NAPLES FL 33962

Mailing Address

3174 TAMiami TRAIL EAST
NAPLES FL 33962



3. Date Incorporated or Qualified

11/07/1994

3a. Date of Last Report

04/06/1995

4. FEI Number

65-0537158

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

2. Principal Place of Business

21 4910 Tamiami Tr. N.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

Naples FL

27 City & State

28 City & State

24 Zip

33940

Country

USA

29 Zip

Country

30

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 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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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 COWAN, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME GINA JUNEAU
13 STREET ADDRESS 458 COUNTRY HOLLOW COURT, #206
14 CITY-ST-ZIP NAPLES, FL 33942

21 TITLE
22 NAME CRAIG D. TIMMINS, CCIM
23 STREET ADDRESS 3255 TAMiami TRAIL NORTH
24 CITY-ST-ZIP NAPLES, FL 33940

31 TITLE
32 NAME JOHN CONA
33 STREET ADDRESS 2342 QUEENS WAY
34 CITY-ST-ZIP NAPLES, FL 33942

41 TITLE
42 NAME DAVID RAWLINGS, Ph.D.
43 STREET ADDRESS 720 GOODLETTE ROAD NORTH
44 CITY-ST-ZIP NAPLES, FL 33940

51 TITLE
52 NAME JUDITH MERKEL, R.N.J.D., ESQ.
53 STREET ADDRESS 8695 COLLEGE PKWY, RENAISSANCE #319
54 CITY-ST-ZIP FT. MYERS, FL 33919

61 TITLE
62 NAME BONNIE L. DESSAUER, Ph.D.
63 STREET ADDRESS 27740 HACIENDA EAST BLVD., #209D
64 CITY-ST-ZIP BONITA SPRINGS, FL 33923

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 119.073(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)