

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005509

FILED
Feb 05, 2008
Secretary of State

Entity Name: SUNRISE CHILDREN'S FOUNDATION, INC.

Current Principal Place of Business:

4910 TAMIAMI TRAIL, N.
SUITE 316
NAPLES, FL 33940 US

Current Mailing Address:

4910 TAMIAMI TRAIL, N.
SUITE 316
NAPLES, FL 33940 US

New Principal Place of Business:

720 GOODLETTE ROAD NORTH
SUITE 204
NAPLES, FL 341025656 US

New Mailing Address:

720 GOODLETTE ROAD NORTH
SUITE 204
NAPLES, FL 341025656 US

FEI Number: 65-0537158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERRTAG, WILLIAM D M.D.
720 GOODLETTE RD
SUITE #204
NAPLES, FL 33962 US

Name and Address of New Registered Agent:

ERTAG, WILLIAM D M.D.
720 GOODLETTE ROAD NORTH
SUITE #204
NAPLES, FL 341025656 US

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: WILLIAM D. ERTAG, M.D.

02/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ERTAG, WILLIAM D MD
Address: 720 GOODLETTE RD N., #204
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: JUNEAU, GINA
Address: 4782 LAKEWOOD BLVD
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: TIMMINS, CRAIG
Address: 3838 TAMIAMI TR N SUITE 402
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: MACE, ED
Address: 720 GOODLETTE RD
City-St-Zip: NAPLES, FL 34102

Title: D (X) Delete
Name: MACE, ED
Address: 720 GOODLETTE RD
City-St-Zip: NAPLES, FL 34102

Title: D (X) Delete
Name: BREMSETH, CHARLOTTE
Address: 490 IBIS WAY
City-St-Zip: NAPLES, FL 34110

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: DT (X) Change () Addition
Name: MACE, EDWARD J
Address: 720 GOODLETTE RD. NORTH, SUITE 202
City-St-Zip: NAPLES, FL 34102

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: EDWARD J. MACE

T

02/05/2008

Electronic Signature of Signing Officer or Director

Date