

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000943

FILED
Jul 19, 2005
Secretary of State

Entity Name: SUNRISE THEATRE, INC.

Current Principal Place of Business:

SUNRISE THEATRE INC
210 SOUTH DEPOT DRIVE
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

SUNRISE THEATRE INC
210 SOUTH DEPOT DRIVE
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 65-0916173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TILLMAN, DORIS
210 SOUTH DEPOT DRIVE
FORT PIERCE, FL 34950 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CT () Delete
Name: HOROWITZ, MICHAEL
Address: 5312 STATELY OAKS ST.
City-St-Zip: FORT PIERCE, FL 34981

Title: DST () Delete
Name: HELLSTROM, ALEXANDRA
Address: 1515 PINE HOLLOW DR.
City-St-Zip: FORT PIERCE, FL 34982

Title: MGRT () Delete
Name: TILLMAN, DORIS
Address: 210 SOUTH DEPOT DRIVE
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DST (X) Change () Addition
Name: HELLSTROM, ALEXANDRA
Address: 8824 BALLY BUNION ROAD
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VCT (X) Change () Addition
Name: POST, KATHY
Address: 1318 SW COTTENWOOD COVE
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALEXANDRA HELLSTROM

DST

07/19/2005

Electronic Signature of Signing Officer or Director

Date