

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000010921

**Entity Name:** SUNRISE THEATRE FOUNDATION, INC.

**Current Principal Place of Business:**

117 S 2ND STREET  
FT PIERCE, FL 34950

**Current Mailing Address:**

117 S 2ND ST.  
FT PIERCE, FL 34950 US

**FEI Number: 26-1439235**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ABERNETHY, BRUCE RJR.  
130 S INDIAN RIVER DR  
SUITE 201  
FT 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

**Officer/Director Detail :**

Title D  
Name HOROWITZ, MICHAEL K  
Address 1076 CAROLINA CIRCLE SW  
City-State-Zip: VERO BEACH FL 32962

Title D  
Name RICHESON, SALLY  
Address PO BOX 3686  
City-State-Zip: FORT PIERCE FL 34948

Title P  
Name SHAFER, TERRY W  
Address 225 ORANGE AVE  
City-State-Zip: FORT PIERCE FL 34950

Title D/VP  
Name DEROSS, JOSEPH J  
Address 3002 TWIN LAKES TERRACE  
City-State-Zip: FORT PIERCE FL 34946

*I hereby 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 all other like empowered.*

**SIGNATURE: SHAFER, TERRY**

**PRESIDENT**

**04/10/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date