

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000001630

Entity Name: SUNRISE TRANSITION EMPOWERMENT CENTER, INC.

Current Principal Place of Business:

28 PECAN PASS LOOP
OCALA, FL 34472

Current Mailing Address:

PO BOX 831454
OCALA, FL 34483 US

FEI Number: 81-5354334

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SIMMONS, KAREN E
28 PECAN PASS LOOP
OCALA, FL 34472 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 ED
Name SIMMONS, KAREN ELAINE PASTOR
Address 28 PECAN PASS LOOP
City-State-Zip: Ocala FL 34472

Title VCH
Name HAGINS, LINDA P DR.
Address 27404 DANIELLA COURT
City-State-Zip: HARLINGEN TX 78552

Title S/T
Name POWER, CHIANTI
Address 13202 NW 157 AVE
City-State-Zip: ALACHUA FL 32615

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: KAREN ELAINE SIMMONS

EXECUTIVE DIRECTOR

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date