

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42501

Entity Name: SUNRISE SWIMMING BOOSTER CLUB, INC.**Current Principal Place of Business:**SUNRISE CIVIC CENTER
10610 WEST OAKLAND PARK BLVD.
SUNRISE, FL 33351**Current Mailing Address:**PO BOX 450205
SUNRISE, FL 33345 US**FEI Number:** 65-0245482**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WATHEN, CHRISTI
3226 NW 102 TERRACE
SUNRISE, FL 33351 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 BOARD MEMBER
Name JORGENSEN, SHAWN
Address 1701 SW 105TH LANE
City-State-Zip: DAVIE FL 33324Title BOARD MEMBER
Name MURPHY, FRANNY
Address 5650 SW 54TH STREET
City-State-Zip: DAVIE FL 33314Title BOARD MEMBER
Name RAMRAJ, PAOLA
Address 6410 NW 90TH AVENUE
City-State-Zip: TAMARAC FL 33321Title BOARD MEMBER
Name WATHEN, CHRISTI
Address 3226 NW 102 TERR
City-State-Zip: SUNRISE FL 33351Title BOARD MEMBER
Name MIRONES, ALLISON
Address 1229 NW 76TH AVE
City-State-Zip: PLANTATION FL 33322

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: CHRISTI WATHEN

COACH

02/11/2024

Electronic Signature of Signing Officer/Director Detail_____
Date