

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001410

**Entity Name:** SUNRISE COMMUNITY PROMOTIONS, INC.

**Current Principal Place of Business:**

9040 SUNSET DRIVE  
MIAMI, FL 33173

**FILED**  
**Feb 02, 2023**  
**Secretary of State**  
**0501469905CC**

**Current Mailing Address:**

C/O SHERRI POTTER  
9040 SUNSET DR  
MIAMI, FL 33173 US

**FEI Number:** 65-0662341

**Certificate of Status Desired:** Yes

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

WRAY, ZACHARY  
9040 SUNSET DRIVE  
MIAMI, FL 33173 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:** ZACHARY WRAY

02/02/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WRAY, ZACHARY  
Address 9040 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33173

Title D  
Name PUJOL, ROSE B  
Address 3059 GRAND AVENUE, STE 200  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name CROWTHER, CONNIE  
Address 9040 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33173

Title DIRECTOR  
Name SOUTO, JOSE E JR.  
Address C/O LESLIE W. LEECH, JR  
9040 SUNSET DR  
City-State-Zip: MIAMI FL 33173

Title ASST. SECRETARY  
Name POTTER, SHERRI L  
Address 9040 SUNSET DR  
City-State-Zip: MIAMI FL 33173

Title SECRETARY, TREASURER  
Name KELLEHER, JOHN  
Address 9040 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33173

*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:** SHERRI POTTER

ASST. SECRETARY

02/02/2023

Electronic Signature of Signing Officer/Director Detail

Date