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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38106
 1. Corporation Name
SUNRISE CHRISTIAN LIFE MISSION, INC.

Principal Place of Business 15121 N. LONGBOW BLVD. DAVIE FL 33331 US	Mailing Address 15121 N. LONGBOW BEND DAVIE FL 33331 US
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2. Principal Place of Business 21 5800 Johnson Street Suite, Apt. #, etc. 22 Hollywood, FL City & State 23 33021 Zip 24 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 05/14/1990	4. FEI Number 65-0185546 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent
SALA, ALBERTO
15121 N. LONGBOW BEND
DAVIE FL 33331

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALA, ALBERTO	1.2 NAME
STREET ADDRESS	15121 N. LONGBOW BEND	1.3 STREET ADDRESS
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALA, FERNANDO A	2.2 NAME
STREET ADDRESS	11015 N W 39ST NO 306	2.3 STREET ADDRESS
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALA, ISMARY	3.2 NAME
STREET ADDRESS	11015 NW 39 ST NO 306	3.3 STREET ADDRESS
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALA, NEREIDA	4.2 NAME
STREET ADDRESS	15121 N. LONGBOW BEND	4.3 STREET ADDRESS
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ruben Alberto SALA REQUIRED

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date 4/23/99 (954) 252-0829
Daytime Phone #

CR2E037 (1/98)