

DOCUMENT # N38106

1. Entity Name

SUNRISE CHRISTIAN LIFE MISSION, INC.

FILED  
May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90171 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5800 JOHNSON ST  
HOLLYWOOD FL 33021  
US

15121 N. LONGBOW BEND  
DAVIE FL 33331-3903  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

910 NW 185 Terrace

Suite, Apt. #, etc.

Pembroke Pines

Suite, Apt. #, etc.

City & State

City & State

FL

4. FEI Number

65-0185546

Applied For

Not Applicable

Zip

Country

Zip

Country

33029

USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

910 NW 185th Terrace

Pembroke Pines,

City

FL

Zip Code

33029

SALA, ALBERTO

15121 N. LONGBOW BEND

DAVIE FL 33331

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME PD  
SALA, ALBERTO  
STREET ADDRESS 15121 N. LONGBOW BEND  
CITY-ST-ZIP DAVIE FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS 910 NW 185th Terrace  
CITY-ST-ZIP Pembroke Pines, FL 33029

TITLE  Delete  
NAME VD  
SALA, FERNANDO A  
STREET ADDRESS 11015 N-W 39ST NO-306  
CITY-ST-ZIP SUNRISE FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS 16307 NW 17CT  
CITY-ST-ZIP Pembroke Pines, FL 33028

TITLE  Delete  
NAME TD  
SALA, ISMARY  
STREET ADDRESS 11015 NW 39 ST NO-306  
CITY-ST-ZIP SUNRISE FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS 16307 NW 17CT  
CITY-ST-ZIP Pembroke Pines, FL 33028

TITLE  Delete  
NAME SD  
SALA, NEREIDA  
STREET ADDRESS 15121 N. LONGBOW BEND  
CITY-ST-ZIP DAVIE FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS 910 NW 185th Terrace  
CITY-ST-ZIP Pembroke Pines, FL 33029

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report of supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Alberto Sala*  
Alberto SALA  
President

Date

4/25/2000 (954)436-1281

Daytime Phone #

CR2E037 (9/99)