

FILE NOW: FILING FEE IS \$61.25

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May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41921 (0)
1. Corporation Name
SUNRISE BAPTIST CHURCH, INC.



Principal Place of Business JOHN H. MERRITT, JR. RT. 2, BOX 241-H JASPER FL 32052	Mailing Address JOHN H. MERRITT, JR. RT. 2, BOX 241-H JASPER FL 32052
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3. Date Incorporated or Qualified 01/31/1991	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Route 2 Box 242	2a. Mailing Address 26 Route 2 Box 242
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Jasper Florida	28 City & State Jasper Florida
24 Zip 32052	25 Country Hamilton
29 Zip 32052	30 Country Hamilton

9. Name and Address of Current Registered Agent
**MERRITT, JOHN H. JR.
RT. 2, BOX 241-H
JASPER FL 32052**

10. Name and Address of New Registered Agent

81 Name Odus W. Wetherington	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 Route 2 Box 242	
84 City Jasper	85 Zip Code FL 32052

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 **Odus W. Wetherington** *Odus W. Wetherington* 4-28-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME MERRITT, JOHN H. JR.	
STREET ADDRESS FT. 2, BOX 241-H	
CITY-ST-ZIP JASPER FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME WILLIAMS, CHARLES L.	
STREET ADDRESS 509 S.W. 4TH AVE	
CITY-ST-ZIP JASPER FL 32052	
TITLE D	<input type="checkbox"/> DELETE
NAME WETHERINGTON I, ODIS	
STREET ADDRESS ROUTE 2 BOX 242	
CITY-ST-ZIP JASPER FL 32052	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Wetherington, Odus W.	
1.3 STREET ADDRESS Route 2 Box 242	
1.4 CITY-ST-ZIP Jasper FL 32052	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Smith, Wayne	
2.3 STREET ADDRESS Route 4 Box 46	
2.4 CITY-ST-ZIP Jasper FL 32052	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Hughes, Kenneth	
3.3 STREET ADDRESS Route 3 Box 65	
3.4 CITY-ST-ZIP Jasper FL 32052	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Odus W. Wetherington* 4-28-98 904-791-2441
Signature and typed or printed name of registered agent, officer or director Date Devine Phone #

CFR2037 (10/97)