


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT #, N4.1921**  
 1. Entity Name  
**SUNRISE BAPTIST CHURCH, INC.**



Principal Place of Business      Mailing Address  
 P.O. BOX 851                      P.O. BOX 851  
 JASPER, FL 32052 US              JASPER, FL 32052 US

**DO NOT WRITE IN THIS SPACE**



07072004 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**NOT APPLICABLE**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SMITH, WAYNE**  
**11610 CR 6 EAST**  
**JASPER, FL 32052**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Wayne Smith      DATE: 7/25/04  
Signature filed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

|                 |                          |
|-----------------|--------------------------|
| TITLE           | D                        |
| NAME            | WETHERINGTON, O W        |
| STREET ADDRESS  | 2725 N.W. US HIGHWAY 129 |
| CITY - ST - ZIP | JASPER, FL 32052         |
| TITLE           | D                        |
| NAME            | SMITH, W                 |
| STREET ADDRESS  | 11610 CR 6 EAST          |
| CITY - ST - ZIP | JASPER, FL 32052         |
| TITLE           | D                        |
| NAME            | HUGHES, K                |
| STREET ADDRESS  | 1650 CARL STREET N.W.    |
| CITY - ST - ZIP | JASPER, FL 32052         |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or 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: Wayne Smith      **WAYNE Smith**      DATE: 7/25/04-792-1794  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #