


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N41921 1. Entity Name SUNRISE BAPTIST CHURCH, INC.		
Principal Place of Business P.O. BOX 851 JASPER FL 32052 US		Mailing Address P.O. BOX 851 JASPER FL 32052 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State		4. FEI Number NO-T APPLICABLE
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
SMITH, WAYNE 11610 CR6 EAST JASPER FL 32052		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE - Registered Agent signature required when reinstating.) DATE</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: D <input type="checkbox"/> Delete NAME: WETHERINGTON, O W STREET ADDRESS: 2725 N.W. US HIGHWAY 129 CITY- ST- ZIP: JASPER FL 32052	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: D <input type="checkbox"/> Delete NAME: SMITH, W STREET ADDRESS: 11610 CR 6 EAST CITY- ST- ZIP: JASPER FL 32052	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>Wayne Smith</u> WAYNE SMITH		Date: 1-22-07 (386)792-2666



1st MOORE CR2E037 (10/06)

Applied For: Not Applicable:

Additional Fee Required: \$8.75

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

100000604234
01/29/07-80044-025 61.25

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Wayne Smith **WAYNE SMITH** Date: **1-22-07** (386)792-2666