

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 14, 2008 8:00 am
Secretary of State

08-14-2008 90001 043 ****61.25



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 #

3381 N.W. U.S. Hwy 129

3. Mailing Address

P.O. Box 851

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE CR2E037 (4/08)

City & State

Jasper, Florida

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

32052

Zip

Country

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

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 _____

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
Due By September 3, 2008**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE Delete

NAME: WETHERINGTON, O W
STREET ADDRESS: 2725 N.W. US HIGHWAY 129
CITY-ST-ZIP: JASPER FL 32052

TITLE Delete

NAME: SMITH, W
STREET ADDRESS: 11610 CR 6 EAST
CITY-ST-ZIP: JASPER FL 32052

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition

NAME
STREET ADDRESS
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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 exemptions contained in Chapter 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: *Wayne Smith*

4-11-08