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**NONPROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # N45151 (0)

SON RISE CHRISTIAN CHURCH, INC.

Principal Place of Business				Mailing Address						1 1101 8/0() 6		
2801 COUNTY BARN ROAD NAPLES FL 33962 US			N/	2801 COUNTY BARN ROAD NAPLES FL 34112-5437 US								
									3. Date Incorporated or Qualified 09/13/1991	<b>3a</b> . D	ate of Last 6 05/01/1	Report <b>996</b>
2. Principal Place of Business				2a. Mailing Address				4	I. FEI Number <b>65-0288686</b>	•	<u> </u>	pplied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.					00 020000			lot Applicable
22				27				5	. Certificate of Status Desired			Additional Regulred
City & State				City & State				6	Election Campaign Financing			) May Be
23			28					Trust Fund Contribution Added to Fees				
Zip	<b>,</b> '			Zip Country			<i>'</i>	8. This corporation has liability for intangible tax under s. 199.032,				
24 25 25 9. Name and Address of Current			20]	41			Florida Statutes Yes No  10. Name and Address of New Registered Agent					
	9, Maine	and Address of Current	Legis	teled Agent	B1	Name	10	). Name and Address of New He	gistered	Agent		
DAVED	DORIN				L							
BAKER, ROBIN 228 JOHNNYCAKE DRIVE						62	Street A	ddress (	[P.O. Box Number is Not Acceptal	ole)		
NAPLES FL 33942					ľ	83						
						84	City					0-4-
										FL	<b>.</b>     `	Code
11. Pursuant	to the provisi	ons of Sections 617.0502	and 6	17,1508, Florida Statut	es, the ab	Ö۷ε	e-named c	orporation's	on submits this statement for the ploard of directors. I hereby acce	ourpose o	changing	its registered
agent. I a	m familiar wit	h, and accept the obligat	ions of	, Section 617.0503, Fl	orida Statu	ites	S.	NE HOIT B	board of directors, I hereby Roce	or the app	JOHN MICHOLINE	, registered
SIGNATURE .	Clanature tuned	or printed name of registered agent		Sanataria MO	C Continued		ent signature re					
12.	Signature, typed	OFFICERS AND			13.	Ago	eni signature re		ADDITIONS/CHANGES TO OF FIG	DATE CERS AND	D DIRECTO	RS IN 12
TITLE	T			DELETE	1.1 701	LE		· · · · · · · · · · · · · · · · · · ·	recode Robertt		Change	Addition
NAME		ECODE, ROBERT J.			1.2 NAI	ME		600	11 CCORE TESPERS	بنجا		
STREET ADDRESS		OT_ST. N			1.3 STF	REET	ADDRESS	400	misty Pines Circle	, 09		
CITY-ST-ZIP	NAPLES	FL			1.4 CIT		ST-ZIP	NA	ples FL 34105			
TITLE	I I	TOM		☐ DELETE	2.1 1111			Hoi	ples FL 34105 velly Tom 18 Piccadilly C:		☐ Change	Addition
NAME	HOWEL		14		2.2 NA			23.3	8 Piccadilly Co	ale		
STREET ADDRESS 1708 KINGS LAKE BLVD., #20 CITY-ST-ZIP NAPLES FL												
CITY-ST-ZIP TITLE	T	/ 1 L		DELETE	2. 4 C(1 3.1 T(T)		SI-ZIP		Juples FL 34		Change	Addition
NAME	MATTHE	WS, KEN		<del></del>	3.2 NA							
STREET ADDRESS		RD PLACE SW			3.8 STR	REET	ADDRESS					
CITY-ST-ZIP	NAPLES	FL			3.4. CIT	Y-8	ST-ZIP					
TITLE '	ST.		• •	DELETE	4.1 7(7)	LE					☐ Change	Addition
NAME	BAKER,				4. 2 NA	ME	1					
STREET ADDRESS		INNYCAKE DRIVE					ADDRESS					
CITY-ST-ZIP TITLE	NAPLES	) FL		☐ DELETE	4.4 CIT						Chanca	Addition
				☐ DECETE	5.1 TIT(		·				Change	TI Yaqiilon
NAME Street address	\$				5.2 NAM 5.3 STR		ADDRESS		•			
CITY-ST-ZIP					5.4 CIT							
TITLE	_			☐ DELETE	6.1 TITL		., LII				Change	Addition
NAME					6.2 NA	ΜE					_	
PERCET ADDRESS												

14. I do 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 nath; 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.

O OUDSIDE POR

732-6100

**FILED** 

May 14 1997 8:00am

Secretary of State

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