

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90413 004 ****61.25

DOCUMENT # N45151

1. Entity Name

SON RISE CHRISTIAN CHURCH, INC.

Principal Place of Business

**2801 COUNTY BARN ROAD
NAPLES FL 34112
US**

Mailing Address

**2801 COUNTY BARN ROAD
NAPLES FL 34112
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0288686**

Applied For

Not Applicable

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

**HOWELL, J T
2328 PICCADILLY CIRCUS
NAPLES FL 34112**

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.

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
T CLEMENT, KEN 140 2 AVE SE. NAPLES FL	☐		
C HOWELL, TOM 2328 PICCADILLY CIR. NAPLES FL	☐		
T BACHOTA, FRED 261 3RD ST SW NAPLES FL	☐		
TC JENNINGS, JIM 5090 COPPR LEAF LN NAPLES FL 34116	☐	T Jennings, Jim 5090 Copper Leaf LN Naples, FL 34116	☒ Change ☐ Addition
	☐	TC Ray Moore 180 3rd Ave. N Naples, FL 34102	☐ Change ☒ Addition
	☐		☐ Change ☐ Addition

12. 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 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: *J Thomas Howell* **THOMAS HOWELL** **3/8/01** **941-354-2335**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #