2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005
Secretary of State

DOCUMENT# N45151

Entity Name: SON RISE CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

2801 COUNTY BARN ROAD
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

2801 COUNTY BARN ROAD
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: 65-0288686 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HARRIS, TOM
Address: 3197 54TH LANE SW
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete
Name: HOWELL, TOM
Address: 2328 PICCADILLY CIR.
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: BAGLEY, CHARLIE
Address: 2154 52ND LANE SW
City-St-Zip: NAPLES, FL 34116

Title: T ( ) Delete
Name: JENNINGS, JIM
Address: 5090 COPPER LEAF LN
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLIE BAGLEY REV 07/05/2005
Electronic Signature of Signing Officer or Director Date