

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 20, 2007
Secretary of State

DOCUMENT# N45151

Entity Name: SON RISE CHRISTIAN CHURCH, INC.**Current Principal Place of Business:**3161 SANTA BARBARA BLVD.
NAPLES, FL 34116 US**New Principal Place of Business:****Current Mailing Address:**4001 SANTA BARBARA BLVD.
359
NAPLES, FL 34116 US**New Mailing Address:**4001 SANTA BARBARA BLVD.
359
NAPLES, FL 34104 US**FEI Number:** 65-0288686**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****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: ROSERIO, JOSE
Address: 3071 50TH LANE SW
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 exemption stated 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 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

D

10/20/2007

Electronic Signature of Signing Officer or Director_____
Date