

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 701112 (5)  
1. Corporation Name

SUNRISE BOULEVARD BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

4910 SUNRISE BLVD  
FT PIERCE FL 34982-1155

4910 SUNRISE BLVD  
FT PIERCE FL 34982-1155

3. Date Incorporated or Qualified

06/22/1960

4. FEI Number

59-2171977

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASS, JAMES W  
801 ULRICH ROAD  
FT. PIERCE FL 34982

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE  
NAME PRESSLEY, DONALD L  
STREET ADDRESS 602 N.E. HELICON  
CITY-ST-ZIP PT ST LUCIE FL 34983

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME BASS, JAMES W  
STREET ADDRESS 801 ULRICH RD  
CITY-ST-ZIP FT. PIERCE FL 34982

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME WRIGHT, WANITA  
STREET ADDRESS 511 SOUTH 11TH STREET  
CITY-ST-ZIP FORT PIERCE FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME FLINT, JENNINGS W  
STREET ADDRESS 15 TEMPLE AVENUE  
CITY-ST-ZIP FT PIERCE FL 34982

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

RICE, BERT  
1824 So. 23rd Street  
Ft. Pierce, FL 34947

TITLE D ☐ DELETE  
NAME HOLTON, T. L., SR.  
STREET ADDRESS 910 BUCKEYE DRIVE  
CITY-ST-ZIP FT. PIERCE FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME BRANCH, LARRY R  
STREET ADDRESS 299 EASY STREET  
CITY-ST-ZIP FT. PIERCE FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*James W. Bass*

James W. Bass

5-28-98

(561) 464-2062

CR2E037 (10/97)