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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90014 027 \*\*\*\*61.25

DOCUMENT # 701112

1. Corporation Name

SUNRISE BOULEVARD BAPTIST CHURCH, INC.

Principal Place of Business

4910 SUNRISE BLVD  
FT PIERCE FL 34982-1155

Mailing Address

4910 SUNRISE BLVD  
FT PIERCE FL 34982-1155



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

- 06/22/1960 -

4. FEI Number

59-2171977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Rev T.L. Holton, Sr

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

83 Ft. Pierce, FL

84 City Ft. Pierce, FL 85 Zip Code 34982

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 *Rev. T.L. Holton, Sr.*  
Signature, typed or printed name of registered agent and title if applicable.

Rev. T.L. Holton, Sr, pastor

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE D ☐ DELETE  
NAME RICE, BERT  
STREET ADDRESS 1824 S 23RD ST  
CITY-ST-ZIP FT PIERCE FL 34947

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME OSTERN, Ernest  
2.3 STREET ADDRESS 4812 Buchanan Drive  
2.4 CITY-ST-ZIP Ft. Pierce, FL 34982

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

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

5.1 TITLE P ☒ Change ☐ Addition  
5.2 NAME HOLTON, T.L., Sr.  
5.3 STREET ADDRESS 910 Buckeye Drive  
5.4 CITY-ST-ZIP Ft. Pierce, FL 34982

6.1 TITLE D ☒ Change ☐ Addition  
6.2 NAME HUMPHREY, Robert E.  
6.3 STREET ADDRESS 358 Notlem Drive  
6.4 CITY-ST-ZIP Ft. Pierce, FL 34982

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, with all other like empowered.

SIGNATURE: *Rev. T.L. Holton, Sr.* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 464-2062

CR2E037 (1/98)