2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED Mar 15, 2001 8:00 am [§] Secretary of State **DOCUMENT # 707805** 1. Entity Name 03-15-2001 90198 029 ****70.00 SONRISE WORSHIP CENTER, INC. Mailing Address Principal Place of Business 600 LEVY ROAD 600 LEVY ROAD $\mathbf{u} \cdot \mathbf{v} \cdot \mathbf{v} \cdot \mathbf{v} \leftarrow \mathbf{v}$ ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 59-3696313 City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) **CURTIS, GERALD W** 7632 SOUTHSIDE BLVD #333 Zip Code FL JACKSONVILLE FL 32256 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. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE ☐ Delete TITLE NAME CURTIS, GERALD W NAME STREET ADDRESS 7632 SOUTHSIDE BLVD #333 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 Addition ☐ Change ☐ Delete TITLE ST NAME LITTLE, MARIAN NAME STREET ADDRESS STREET ADDRESS 1300 SHETTER AVE LOT#51 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME GAMMONS, MICHAEL STREET ADDRESS STREET ADDRESS 11 DEMOCRACY ST CITY-ST-ZIP CITY-ST_ZIP JACKSONVILLE FL 32250 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.