

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90571 045 *****70.00

DOCUMENT # **707805**

1. Entity Name

SONRISE WORSHIP CENTER, INC.

Principal Place of Business

**600 LEVY ROAD
ATLANTIC BEACH FL 32233**

Mailing Address

**600 LEVY ROAD
ATLANTIC BEACH FL 32233**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3696312**

Applied For
Not Applicable

5. Certificate of Status Desired.

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CURTIS, GERALD W
7632 SOUTHSIDE BLVD
#333
JACKSONVILLE FL 32256**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	CURTIS, GERALD W	
STREET ADDRESS	7632 SOUTHSIDE BLVD #333	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	ST	☐ Delete
NAME	LITTLE, MARIAN	
STREET ADDRESS	1300 SHETTER AVE LOT#51	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	VPD	☐ Delete
NAME	GAMMONS, MICHAEL	
STREET ADDRESS	11 DEMOCRACY ST	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Trustee	☐ Change ☒ Addition
NAME	Bobby J. Cobble	
STREET ADDRESS	2477 West End Ct.	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *[Signature]* **GERALD W. CURTIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02

(904) 246-1515

Date

Daytime Phone #

CR2E037 (9/01)