

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90045 005 ****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**

90014996



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3696312**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Reverend Leslie Little, President / Director*
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
Florida 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **LITTLE, MARIAN**
STREET ADDRESS **1300 SHETTER AVE LOT#51**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Delete
NAME **GAMMONS, MICHAEL**
STREET ADDRESS **11 DEMOCRACY ST**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **COBBLE, BOBBY J**
STREET ADDRESS **2477 WEST END COURT**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE ☒ Change ☐ Addition
NAME **VPD COBBLE, Bobby J.**
STREET ADDRESS **2477 WEST END COURT**
CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **T GEOFFREY MILTON Hill**
STREET ADDRESS **7632 Southside Blvd. #83**
CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE ☐ Delete
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 *Aratib W. Little, President / Director*

1/21/03 (904) 246-1515

CR2E037 (10/02)