


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 23 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |                                 |  |   |  |
|--|---|---------------------------------|--|---|--|
| <b>DOCUMENT # 724474</b><br>1. Entity Name<br><b>SUNRISE PRESBYTERIAN CHURCH, INC.</b>   |   |                                 |  |    |  |
| Principal Place of Business<br><b>18400 N.W. 68TH AVE.,<br/>HIALEAH, FL 33015</b>  |   |                                 | Mailing Address<br><b>18400 N.W. 68TH AVE.,<br/>HIALEAH, FL 33015</b>  |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |   |                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   |  |
| City & State   |   |                                 | City & State   |   |  |
| Zip  |   | Country                         |  | Zip   |  |
| Country  |   | Country                         |  | 4. FEI Number<br><b>59-1793014</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |                                 |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>REGALADO, MARIA<br/>18400 N.W. 68TH AVE.,<br/>HIALEAH, FL 33015</b>  |   |                                 |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |                                 |  |   |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$61.25</b><br/> <b>After January 1, 2007, Fee will be \$122.50</b> </div> <div>           In accordance with s. 607.193(2)(b), F.S., the<br/>           corporation did not receive the prior notice.         </div> <div> <b>Make check payable to<br/>Florida Department of State</b> </div> </div>  |   |                                 |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br><b>CUNNINGHAM, CHARLES</b><br><b>18400 NW 68 AVE</b><br><b>HIALEAH, FL 33015</b> | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br><b>WICKETT, HENRY</b><br><b>18400 NW 68 AVE</b><br><b>HIALEAH, FL 33015</b>     | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br><b>PACHECO, CELIA</b><br><b>18400 NW 68 AVE</b><br><b>HIALEAH, FL 33015</b>     | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br><b>STOCKER, JOHN</b><br><b>18400 NW 68 AVE</b><br><b>HIALEAH, FL 33016</b>      | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | _____<br>_____<br>_____   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | _____<br>_____<br>_____   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | _____<br>_____<br>_____   | <input type="checkbox"/> Delete |  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Celia Pacheco</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |   |  |
| 10/16/06   |   |                                 | 305-821-5841   |   |  |

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