

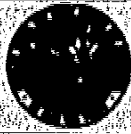
**FILE NOW: FILING FEE AFTER MAY 1 IS \$185.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 748538 (6)**

1. Corporation Name  
**SUNRISE MISSIONARY BAPTIST CHURCH, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**3097 N.W. 60TH STREET  
MIAMI FL 33142-2238**

Mailing Address  
**3097 N.W. 60TH STREET  
MIAMI FL 33142-2238**

3. Date Incorporated or Qualified **08/15/1979** 3a. Date of Last Report **03/22/1994**

4. FEI Number **65-0109083** Applied For  Not Applicable

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

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**GOLDISS, MORTON R.  
420 LINCOLN ROAD  
SUITE 244  
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>
NAME	<b>GRANT, DAN,</b>
STREET ADDRESS	<b>8448 N.W. 14TH AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33147</b>
TITLE	<b>VPD</b>
NAME	<b>IVORY, JACOB JR.</b>
STREET ADDRESS	<b>1355 N.W. 86TH STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33147</b>
TITLE	<b>VPD</b>
NAME	<b>LEVERSTON, DOLLY,</b>
STREET ADDRESS	<b>10300 N.W. 31 AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33147</b>
TITLE	<b>SD</b>
NAME	<b>JOHNSON, ANN E.</b>
STREET ADDRESS	<b>2401 N.W. 32ND AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33142</b>
TITLE	<b>TD</b>
NAME	<b>JOHNSON, BARBARA</b>
STREET ADDRESS	<b>2680 N.W. 87TH TERRACE</b>
CITY-ST-ZIP	<b>MIAMI FL 33147</b>
TITLE	<b>D</b>
NAME	<b>SINGLETON, PERRY</b>
STREET ADDRESS	<b>3065 N.W. 00ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33142</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Jacob Ivory Jr.* **JACOB IVORY JR., VPD.** 04-11-95 (305) 691-3945  
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Telephone