FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(6)

SUNRISE MISSIONARY RAPTIST CHURCH, INC.

			·····	·		
Principal Place of Business Mailing Address		Mailing Address				lars Blutt bibli gibli asart 21811 atbit 1891
		3087 N.W. 60TH STREET MIAMI FL 33142-2258				
					3. Date Incorporated or Qualified 08/15/1979	3a. Date of Last Report 03/14/1996
2. Principal Place of Business 2a 21 26		2a. Mailing Address 26	-		4. FEI Number 65-0109083	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip	Country	/	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes 22 No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	glatered Agent
			81	Name		
GOUDISS, MORTON R. 420 UNCOLN ROAD			82	Street Add	dress (P.O. Box Number is Not Acceptate	ole)
SUITE 244			83			
MIAMI BEACH FL 33139			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617,050	2 and 617.1508, Florida Statutes	the abov	e-named cor	poration submits this statement for the p	purpose of changing its registered
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 617.0503, Flori	inorizeo b ida Statute	y ine corpora s.	ation's board of directors. I hereby accep	pi ine appoiniment as registered
SIGNATURE .					ulred when reinstating)	
12.	Signature, lyped or printed name of registered age OFFICERS ANI		13.	ent signature requ	ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRECTORS IN 12
TITLE	PO	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	GRANT, DAN,		1.2 NAME	İ		
STREET ADDRESS	8448 N.W. 14TH AVE.		1.3 STREET ADDRESS			j
CITY - ST-ZIP	MIAMI FL 33147		1.4 CITY-ST-ZIP			·
TITLE	VPD					Change Addition
NAME	IVORY, JACOB JR.		2.2 NAME			
STREET ADDRESS	1355 N.W. 86TH STREET		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147			ST-ZIP		
TITLE	VPD	DELETE 3.11				Change Addition
NAME	IVORY, JOYCE M.			Į.		
STREET ADDRESS	1000 1111 00 01			T ADDRESS		
CITY-ST-ZIP	MIAMI FL	☐ DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP		Change Addition
TITLE	SD	-				☐ Change ☐ Addition
NAME	JOHNSON, ANN E.		4. 2 NAME			
STREET ADDRESS	E 10 1 11111 - 111		1	T ADDRESS		
DITY-ST-ZIP TITLE	DELETE		4.4 CITY-1	51-212		Change Addition
NAME	TD	- Deceie	5.2 NAME			First Asserting First Supplier.
	JOHNSON, BARBARA			T ADDRESS		
STREET ADDRESS CITY-ST-ZIP	2680 N.W. 87TH TERRACE					
TITLE	MIAMI FL 33147	☐ DELETE	5.4 CITY-1 6.1 TITLE	OI LIF		Change Addition

6.4 CiTY-ST-ZIP 14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SINGLETON, PERRY

3095 N.W. 60ST

MIAMI FL 33142

FILED

Apr 30 1997 8:00am

Secretary of State