


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748538 (6)

1. Corporation Name
SUNRISE MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business	Mailing Address
3087 N.W. 60TH STREET MIAMI FL 33142-2258	3087 N.W. 60TH STREET MIAMI FL 33142-2258

3. Date Incorporated or Qualified	08/15/1979
4. FEI Number	65-0109083
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GOUDISS, 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. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, DAN,	1.2 NAME	
STREET ADDRESS	8448 N.W. 14TH AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33147	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVORY, JACOB JR.	2.2 NAME	
STREET ADDRESS	1355 N.W. 88TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33147	2.4 CITY - ST - ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVORY, JOYCE M.	3.2 NAME	
STREET ADDRESS	1355 NW 88 ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ANN E.	4.2 NAME	
STREET ADDRESS	2401 N.W. 32ND AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33142	4.4 CITY - ST - ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BARBARA	5.2 NAME	
STREET ADDRESS	2680 N.W. 87TH TERRACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33147	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGLETON, PERRY	6.2 NAME	
STREET ADDRESS	3095 N.W. 80ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33142	6.4 CITY - ST - ZIP	

14. 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 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: Joyce M. Ivory, Joyce M. Ivory, VPD, 03/18/98 (305) 691-3945

CR2E037 (10/97)