


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90002 024 \*\*\*\*61.25

**DOCUMENT # 748538**

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



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

Mailing Address  
~~3087 N.W. 60TH STREET~~  
~~MIAMI, FL 33142-2258~~  
*C/O 1355 N W 86 St*  
*Miami, FL 33147*

**54070327**



2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

08192004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**65-0109083**

Applied For  
 Not Applicable

City & State

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

**GOUDISS, MORTON R.**  
**420 LINCOLN ROAD**  
**SUITE 244**  
**MIAMI BEACH, FL 33139**

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

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

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	<input type="checkbox"/> Delete
NAME	GRANT, DAN,	
STREET ADDRESS	8448 N.W. 14TH AVE.	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	IVORY, JACOB JR.	
STREET ADDRESS	1355 N.W. 86TH STREET	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	IVORY, JOYCE M.	
STREET ADDRESS	1355 NW 86 ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, ANN E.	
STREET ADDRESS	2401 N.W. 32ND AVENUE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, BARBARA	
STREET ADDRESS	2680 N.W. 87TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINGLETON, PERRY	
STREET ADDRESS	3095 N.W. 60ST	
CITY-ST-ZIP	MIAMI, FL 33142	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joyce M. Ivory, Joyce M. Ivory, VPD. - 08-22-04-*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*(305) 691-3945*