

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**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  
**C/O 1355 NW 86 ST  
 MIAMI, FL 33147**



04222006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0109083</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
 IN THIS SPACE**

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

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

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

U00000534841  
 05/08/06-80028-017 61.25

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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: Joyce M. Ivory, Joyce M. Ivory, V.P.D. 04/22/06 305)691-3915  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #