


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90094 025 ****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 C/O 1355 NW 86 ST MIAMI, FL 33147		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0109083	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRANT, DAN,		NAME		
STREET ADDRESS	8448 N.W. 14TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IVORY, JACOB JR.		NAME		
STREET ADDRESS	1355 N.W. 86TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IVORY, JOYCE M.		NAME		
STREET ADDRESS	1355 NW 86 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, ANN E.		NAME		
STREET ADDRESS	2401 N.W. 32ND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33142		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, BARBARA		NAME		
STREET ADDRESS	2680 N.W. 87TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SINGLETON, PERRY		NAME		
STREET ADDRESS	3095 N.W. 60ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33142		CITY-ST-ZIP		
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: <u>Joyce M. Ivory, Joyce M. Ivory,</u>			Date: <u>05-11-07 (305) 691-3945</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

40113410



05072007 Chg-NP CR2E037 (12/06)

ATTACHMENT

40113276



Division of Corporations

Annual Report

Annual Report Help

Document Number 748538

Business Entity Name

SUNRISE MISSIONARY BAPTIST CHURCH, INC.

FEI Number 650109083
FEI Number Status [X] Listed Above [] Applied For [] Not Applicable
Certificate of Status Desired [] Yes [X] No \$8.75 each
Election Campaign Financing Trust Fund Contribution [] Yes [X] No

Principal Place of Business

Address 3087 N.W. 60TH STREET
Suite, Apt. #, etc.
City, State MIAMI, FL
Zip Code & Country 331422258

Mailing Address

Address C/O 1355 NW 86 ST
Suite, Apt. #, etc.
City, State MIAMI, FL
Zip Code & Country 33147

Name and Address of Registered Agent

Name (Last, First, Middle, Title) Joyce M. Ivory, V.P.D.
- OR -
Business to serve as RA 1355 N. W. 86 St, Miami, FL
GOUDISS, MORTON R. 33147

Address (PO Box is not acceptable) 420 LINCOLN ROAD
Suite, Apt. #, etc. SUITE 244
City, State MIAMI BEACH, FL
Zip Code & Country 33139 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

748538

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

JOHNSON, ANN E.

Street Address

2401 N.W. 32ND AVENUE

City, State

MIAMI, FL

Zip Code & Country

33142

Title

TD

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

JOHNSON, BARBARA

Street Address

2680 N.W. 87TH TERRACE

City, State

MIAMI, FL

Zip Code & Country

33147

Title

D

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

SINGLETON, PERRY

Street Address

3095 N.W. 60ST

City, State

MIAMI, FL

Zip Code & Country

33142

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

P.D.

Officer/Director Signature

Perry Singleton

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PD
 Name (Last, First, Middle, Title) GRANT, DAN

- OR -

Entity Name to serve as Officer/Director
 Street Address 8448 N.W. 14TH AVE.
 City, State MIAMI FL
 Zip Code & Country 33147

Title VPD
 Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director IVORY, JACOB JR.
 Street Address 1355 N.W. 86TH STREET
 City, State MIAMI FL
 Zip Code & Country 33147

Title VPD
 Name (Last, First, Middle, Title) IVORY, JOYCE M.

- OR -

Entity Name to serve as Officer/Director
 Street Address 1355 NW 86 ST
 City, State MIAMI FL
 Zip Code & Country

Title SD