

AMENDED
2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)

07-31-2007 90007013 ****61.25
 748538


FILED

07 AUG -6 PM 1:59

STATE OF FLORIDA
 TALLAHASSEE, FLORIDA



2nd MOORE CR2E037 (4/07)

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

6. Name and Address of Current Registered Agent GOUDISS, MORTON R. 420 LINCOLN ROAD SUITE 244 MIAMI BEACH FL 33139		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		FL	

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: carried when re-submitting)

FILE NOW: FEE IS \$61.25 Due By September 5, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANT, DAN, 8448 N.W. 14TH AVE. MIAMI FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD IVORY, JACOB JR. 1355 N.W. 86TH STREET MIAMI FL 33147 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLIFFORD Wilcox <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2685 NW 87 ST MIAMI FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD IVORY, JOYCE M. 1355 NW 86 ST MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIE JOHNSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2685 N.W. 87 ST MIAMI FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, ANN E. 2401 N.W. 32ND AVENUE MIAMI FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, ANN E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1390 N.W. 87th Street MIAMI, Florida 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, BARBARA 2680 N.W. 87TH TERRACE MIAMI FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGLETON, PERRY 3095 N.W. 60ST MIAMI FL 33142 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY WASHINGTON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2981 NW 179 ST MIAMI, FLORIDA 33056

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: Dan Grant **DAN GRANT** 7-26-07 305-336-3733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #