


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 748538
 1. Entity Name
SUNRISE MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business Mailing Address
3087 N.W. 60TH STREET **C/O 1355 NW 86 ST**
MIAMI FL 33142-2258 **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

1st MOORE CR2E037 (10/07)

4. FEI Number Applied For
65-0109083 Not Applicable

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signab required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRANT, DAN	
STREET ADDRESS	8448 N.W. 14TH AVE.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WILCOX, CLIFFORD	
STREET ADDRESS	2685 NW 87 ST	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, WILLIE	
STREET ADDRESS	2685 NW 87 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, ANN E	
STREET ADDRESS	1390 NW 87TH STREET	
CITY-ST-ZIP	MIAMI FL 33147	
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	WASHINGTON, LARRY	
STREET ADDRESS	2921 NW 179 ST	
CITY-ST-ZIP	MIAMI FL 33056	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000000937942
CITY-ST-ZIP	05/27/08-80070-014 61.25
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 exemptions contained in Section 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** 4-28-08 305-691-2603