FILE NOW: FILING FEE IS $61.25

FILED
Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **755036** **(1)**

1. Corporation Name
SUNRISE COMMUNITY EVANGELICAL FREE CHURCH, INC.

Principal Place of Business	Mailing Address
298 AQUATIC DR. P.O. BOX 330183 ATLANTIC BEACH FL 32233	298 AQUATIC DR. P.O. BOX 330183 ATLANTIC BEACH FL 32233-0183

3. Date Incorporated or Qualified: 11/07/1980
3a. Date of Last Report: 03/07/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-1893897 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HALSTEAD, JAMES CHARLES
523 CLIPPER SHIP LANE
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STROTHER, STEVE		1.2 NAME		
STREET ADDRESS	3436 THORNHILL DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	PD	☐ Change ☒ Addition
NAME	WARREN, BOB		2.2 NAME	Mauthe, Steve	
STREET ADDRESS	1619 INDIAN SPRINGS DR.		2.3 STREET ADDRESS	2263 Eagles Nest Rd.	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville FL. 32246	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RUGGLES, FRED		3.2 NAME		
STREET ADDRESS	14318 CRYSTAL COVE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL.		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	THOMAS, DANNY		4.2 NAME	WOODHAM, Branan	
STREET ADDRESS	25 LADYFISH ST.		4.3 STREET ADDRESS	2356 Covington Creek Dr. W.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		4.4 CITY-ST-ZIP	Jacksonville FL 32224	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [signature] [illegible]