

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90113 022 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755036

1. Corporation Name

SUNRISE COMMUNITY EVANGELICAL FREE CHURCH, INC.

Principal Place of Business

298 AQUATIC DR.
P.O. BOX 330183
ATLANTIC BEACH FL 32233

Mailing Address

298 AQUATIC DR.
P.O. BOX 330183
ATLANTIC BEACH FL 32233



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/07/1980

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1893897

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME STROTHER, STEVE
STREET ADDRESS 3436 THORNHILL DR.
CITY-ST-ZIP JACKSONVILLE FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

VPD
RUGGLES, FRED
14318 Crystal Cove Drive
Jacksonville FL 32224

Change Addition

Change Addition

TITLE TD
NAME EDWARDS, WILLIAM T
STREET ADDRESS 3369 ZEPHYR WAY N
CITY-ST-ZIP JACKSONVILLE BCH FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD
NAME MAUTHE, STEVE
STREET ADDRESS 2263 EAGLES NEST RD
CITY-ST-ZIP JACKSONVILLE FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE SD
NAME WOODHAM, BRANAN
STREET ADDRESS 2356 COVINGTON CREEK DR W
CITY-ST-ZIP JACKSONVILLE FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/99 904-249-3030

CR2E037 (11/98)