

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90026 010 \*\*\*\*61.25

0012885

**DOCUMENT # 755036**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1893897**

Applied For  
Not Applicable

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

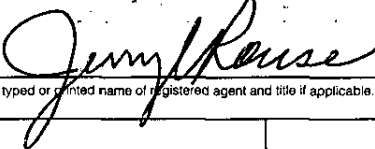
6. Name and Address of Current Registered Agent

**WITTIG, DAVID A  
1360 PLANTATION OAKS DR N.  
JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name **Rouse, Jerry L.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2011 Shadow Lane**  
City **Neptune Beach** **FL** Zip Code **32266**

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.

SIGNATURE  **Jerry L. Rouse**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **RUGGLES, FRED**  
STREET ADDRESS **14318 CRYSTAL COVE DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

TITLE **VD** ☐ Delete  
NAME **MAUTHE, STEVE**  
STREET ADDRESS **2263 EAGLES NEST RD**  
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **SD** ☒ Delete  
NAME **STRITCH, GREG**  
STREET ADDRESS **574 CARINA LN**  
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition  
NAME **McVety, Jonathan**  
STREET ADDRESS **12880 Quailbrook Drive**  
CITY-ST-ZIP **Jacksonville FL 32224**

TITLE **TD** ☐ Change ☒ Addition  
NAME **Hanson, Steve**  
STREET ADDRESS **2929 Rockford Falls Drive N.**  
CITY-ST-ZIP **Jacksonville FL 32224**

TITLE **SD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:  **STEPHEN L. MAUTHE** 2/22/01 (904) 384-6530  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)