2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
03-08-2001 90026 010 ****61.25

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DOCUMENT # 755036

1. Entity 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

817141

DO NOT WRITE IN THIS SPACE

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 — 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RUGGLES, FRED 14318 CRYSTAL COVE DRIVE JACKSONVILLE FL 32224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD McVety, Jonathan 12880 Quailbrook Drive Jacksonville FL 32224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EDWARDS, WILLIAM T 3369 ZEPHYR WAY N JACKSONVILLE BCH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Hanson, Steve 2929 Rockford Falls Drive N. Jacksonville FL 32224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MAUTHE, STEVE 2263 EAGLES NEST RD JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WOODHAM, BRANAN 2356 COVINGTON CREEK DR W JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STRITCH, GREG 574 CARINA LN JACKSONVILLE FL 32225	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 STEPHEN L. MAUTHE 2/22/01 (904)384-6530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #