

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 764056 (8)**

1. Corporation Name

**SONRISE WORD MINISTRIES, INC.**



Principal Place of Business

Mailing Address

**15 EAST PARK AVENUE  
P.O. BOX 1400  
CHIEFLND FL 32626**

**P.O. DRAWER 1400  
CHIEFLND FL 32626**

2. Principal Place of Business		2a. Mailing Address	
21	<b>SONRISE WORD MIN</b>	26	<b>P.O. Drawer 1400</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	<b>CHIEFLAND, FL</b>	28	<b>CHIEFLAND, FL</b>
Zip	Country	Zip	Country
24	<b>32644</b>	29	<b>32644</b>
25		30	

3. Date Incorporated or Qualified <b>07/07/1982</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-2215075</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MAYO, WILLIAM E. "BILLY"  
317 NW 8TH TERRACE  
CHIEFLND FL 32626**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 not stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAYO, WILLIAM E. "BILLY"</b>	1.2 NAME	
STREET ADDRESS	<b>317 NE 8TH TERRACE</b>	1.3 STREET ADDRESS	<b>CHIEFLAND, FL 32626</b>
CITY-ST-ZIP	<b>CHIEFLND FL</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEARNS, GEORGE</b>	2.2 NAME	
STREET ADDRESS	<b>LEVY COUNTY RD. #206</b>	2.3 STREET ADDRESS	<b>CHIEFLAND, FL 32626</b>
CITY-ST-ZIP	<b>CHIEFLND FL</b>	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAYO, KAREN</b>	3.2 NAME	
STREET ADDRESS	<b>317 NE 8TH TERRACE</b>	3.3 STREET ADDRESS	<b>CHIEFLAND, FL 32626</b>
CITY-ST-ZIP	<b>CHIEFLND FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	<b>500001771795</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>-04/08/96--01022--010</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Karen Mayo Secretary/Treasurer** **3/12/96** **352-493-1393**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)