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May 01 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 # 764056 (8)

1. Corporation Name

SONRISE WORD MINISTRIES, INC.



Principal Place of Business

Mailing Address

SONRISE WORD MIN.
P.O. BOX 1400
CHIEFLND FL 32644

P.O. DRAWER 1400
CHIEFLND FL 32644-1400

3. Date Incorporated or Qualified
07/07/1982

3a. Date of Last Report
04/06/1996

2. Principal Place of Business

21 15 East Park Avenue

2a. Mailing Address

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

Chiefland, FL

27 City & State

Chiefland, FL

24 Zip

32626

25 Country

Levy

29 Zip

30 Country

4. FEI Number

59-2215075

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

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

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MAYO, WILLIAM E. "BILLY"
STREET ADDRESS 317 NE 8TH TERRACE
CITY-ST-ZIP CHIEFLND FL 32626

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE VD
NAME KEARNS, GEORGE
STREET ADDRESS LEVY COUNTY RD. #206
CITY-ST-ZIP CHIEFLND FL 32626

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE STD
NAME MAYO, KAREN
STREET ADDRESS 317 NE 8TH TERRACE
CITY-ST-ZIP CHIEFLND FL 32626

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100002154971
-05/05/97--01008--032
***\$61.25

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

CR2E037 (9/96)