

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764056

1. Entity Name

SONRISE WORD MINISTRIES, INC.

Principal Place of Business

318 NE 8TH TERRACE
CHIEFLAND FL 32626

Mailing Address

PO DRAWER 1400
CHIEFLAND FL 32644

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

59-2215075

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYO, WILLIAM E., REV. JR.
317 NW 8TH TERRACE
CHIEFLAND FL 32626

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

After September 12, 2001, min. will be \$236.25

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
NAME MAYO, WILLIAM E., JR.
STREET ADDRESS 317 NE 8TH TERRACE
CITY-ST-ZIP CHIEFLAND FL 32626 ☐ Delete

TITLE VD
NAME KEARNS, GEORGE
STREET ADDRESS STATE ROAD 320
CITY-ST-ZIP CHIEFLAND FL 32626 ☐ Delete

TITLE STD
NAME MAYO, KAREN M.
STREET ADDRESS 317 NE 8TH TERRACE
CITY-ST-ZIP CHIEFLAND FL 32626 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ 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

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 *William E. Mayo Jr.* 8/25/01 493-1392 (352)

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90006 032 ****70.00

B0063569



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)