

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 04, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000002427**1. Entity Name
SONRISE COMMUNITY CHURCH OF NORTHEAST FLORIDA INC.Principal Place of Business
4070 RIVER VALLEY RD.
JACKSONVILLE FL 32277
Mailing Address
PO BOX 440487
JACKSONVILLE FL 322222. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3638080
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent**TEEL VERNON AREV
4070 RIVER VALLEY RD.
JACKSONVILLE FL 32277 US**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 _____ DATE **01/04/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	SPAIN RICHARD LSR	4070 RIVER VALLEY RD. JACKSONVILLE FL 32277	<input type="checkbox"/> Delete
	D	ZIPPER CASEY	9765 S. BROOK DR. JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
	D	TEEL VERNON AREV	4070 RIVER VALLEY RD. JACKSONVILLE FL 32277	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	TEEL PERRI L	4070 B RIVER VALLEY RD	JACKSONVILLE FL 32277		
	D/T	SPAIN RICHARD LSR	4070 A RIVER VALLEY RD.		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D/S	SPAIN PATSY A	4070 A RIVER VALLEY RD		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D/P	TEEL VERNON AREV	4070 RIVER VALLEY RD.		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: VERNON A TEEL D/P 01/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)