

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004579

FILED  
Sep 05, 2005  
Secretary of State

**Entity Name:** SUNRISE ORGANIZATION, INC.

**Current Principal Place of Business:**

5979 WINEGARD RD., APT. C  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

5979 WINEGARD RD., APT. C  
ORLANDO, FL 32809

**New Mailing Address:**

**FEI Number:** 42-1600764      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

AGUEK, NGONG  
5979 WINEGARD RD., APT. C  
ORLANDO, FL 32809 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: AMOKO HENRY BAGHO, EMMANUEL  
Address: 10948 LAXTON ST.  
City-St-Zip: ORLANDO, FL 32824

Title: D ( ) Delete  
Name: JIRIBI, ANTONIETTA  
Address: 10948 LAXTON ST.  
City-St-Zip: ORLANDO, FL 32824

Title: T ( ) Delete  
Name: HENRY, THOMAS L  
Address: 10948 LAXTON ST.  
City-St-Zip: ORLANDO, FL 32824

Title: IS ( ) Delete  
Name: MAJOK, ANGARA  
Address: 1148 REDMAN ST.  
City-St-Zip: ORLANDO, FL 32839

Title: PR ( ) Delete  
Name: KALL, DOMINIC  
Address: 5979 WINEGARD RD.  
City-St-Zip: ORLANDO, FL 32809

Title: MGR ( ) Delete  
Name: BIERY, MARK  
Address: 5107 UNIVERSITY BLVD. W  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS L HENRY

MR

09/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date