

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90030 048 ****61.25

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1. Entity Name
SONRISE CATHEDRAL MINISTRIES, INC.



Principal Place of Business
**3151 HARDIN COMBEE ROAD
LAKELAND, FL 33801-3019**

Mailing Address
**3151 HARDIN COMBEE ROAD
LAKELAND, FL 33801-3019**

40101053



07202006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0747784

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HORTON, RANDALL C
3151 HARDIN COMBEE ROAD
LAKELAND, FL 33801-3019**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HORTON, RANDALL C REV 3151 HARDIN COMBEE ROAD LAKELAND, FL 338013019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLEEMAN, RONALD 3151 HARDIN COMBEE RD LAKELAND, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HORTON, MADELENE 3151 HARDIN COMBEE ROAD LAKELAND, FL 338013019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Randy C. Horton, Pres.* 7/20/06 (863) 465-4187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

RANDALL C. HORTON - PRES