

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 A
Secretary of State

DOCUMENT # N03000009637

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**



03042008 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
Fees 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

U00000858435
04/01/08-80047-001 61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 Rev. Randall C. Horton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08 (863)665-4187
Date Daytime Phone