2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# N04000003492

Entity Name: SONRISE INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

1200 SUNRISE ROAD
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

1200 SUNRISE ROAD
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 65-1221625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POOLE, ROBERT C
1200 SUNRISE ROAD
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

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: PD ( ) Delete
Name: POOLE, ROBERT C
Address: 1200 SUNRISE ROAD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: V ( ) Delete
Name: POOLE, TAMMY A
Address: 1200 SUNRISE ROAD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: S ( ) Delete
Name: WALLACE, MIKE
Address: 720 NORTH DIXIE HIGHWAY, APARTMENT #103
City-St-Zip: LANTANA, FL 33462

Title: T ( ) Delete
Name: DEAN, EUGENE L
Address: 926 SUN ACRES LANE
City-St-Zip: BOYNTON BEACH, FL 33436

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:

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: ROBERT C. POOLE PD 04/06/2005

Electronic Signature of Signing Officer or Director — Date