

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

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000010197**

1. Entity Name  
**SUNRISE WORSHIP CENTER OF MARIANNA, INC.**



Principal Place of Business  
**2965 SUNRISE DRIVE  
MARIANNA, FL 32448**

Mailing Address  
**2965 SUNRISE DRIVE  
MARIANNA, FL 32448**



02242006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**68-0578094**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**EVERETT, SAMUEL SR.  
2965 SUNRISE DRIVE  
MARIANNA, FL 32448**

**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 May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME EVERETT, SAMUEL SR.  
STREET ADDRESS POST OFFICE BOX 6342  
CITY-ST-ZIP MARIANNA, FL 324476342

TITLE D  
NAME GOINES, MARY  
STREET ADDRESS POST OFFICE BOX 6342  
CITY-ST-ZIP MARIANNA, FL 324476342

TITLE D  
NAME GROOMES, JACKIE  
STREET ADDRESS POST OFFICE BOX 6342  
CITY-ST-ZIP MARIANNA, FL 324476342

TITLE D  
NAME DAWSEY, TAKSHIRA  
STREET ADDRESS POST OFFICE BOX 6342  
CITY-ST-ZIP MARIANNA, FL 324476342

TITLE D  
NAME CALDWELL, WALTER  
STREET ADDRESS POST OFFICE BOX 6342  
CITY-ST-ZIP MARIANNA, FL 324476342

TITLE D  
NAME WARREN, REMONICA  
STREET ADDRESS POST OFFICE BOX 6342  
CITY-ST-ZIP MARIANNA, FL 324476342

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05/19/06-80060-019 61.25

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-06

Date

(850)526 3818

Daytime Phone #