

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # N04000010197 1. Entity Name SUNRISE WORSHIP CENTER OF MARIANNA, INC.	
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Principal Place of Business 2965 SUNRISE DRIVE MARIANNA, FL 32448	Mailing Address 2965 SUNRISE DRIVE MARIANNA, FL 32448
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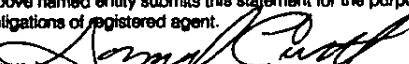
02062008 No Chg-NP CR2E037 (4/08)

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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

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IN THIS SPACE**

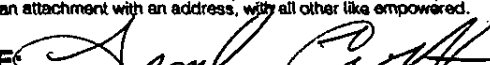
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE  <u>Samuel Everett Sr.</u>	(NOTE: Registered Agent signature required when reinstating)	DATE <u>2-15-08</u>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERETT, SAMUEL SR. POST OFFICE BOX 6342 MARIANNA, FL 324476342
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOINES, MARY POST OFFICE BOX 6342 MARIANNA, FL 324476342
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROOMES, JACKIE POST OFFICE BOX 6342 MARIANNA, FL 324476342
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWSEY, TAKSHIRA POST OFFICE BOX 6342 MARIANNA, FL 324476342
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDWELL, WALTER POST OFFICE BOX 6342 MARIANNA, FL 324476342
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, REMONICA POST OFFICE BOX 6342 MARIANNA, FL 324476342

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03/20/09-80018-020 61.25

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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 817, 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  <u>Samuel Everett Sr.</u>	Date <u>2-15-08</u>	Daytime Phone # <u>(850) 482-8158</u>