# 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.

| Principal Place of Business | Mailing Address |
|---|---|
| 2965 SUNRISE DRIVE<br>MARIANNA, FL 32448 | 2965 SUNRISE DRIVE<br>MARIANNA, FL 32448 |

02062008 No Chg-NP CR2E037 (4/06)

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

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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: Samuel Everett Sr. 2-15-08
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, 2008**

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 |

U00000848471
03/20/08-80018-020 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 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: 2-15-08 (850)482-8158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #