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| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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J. SHIVERS MAY 23 2005

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: Sonrise H | arvest Church, Inc. | | | |
|---------------------------|--------------------------------|-----------------------------|-------------------------------|--|
| | (PROPOSED CORPORATE | E NAME – <u>MUST INCLUI</u> | DE SUFFIX) | ************************************* |
| | | | | |
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| | | | | |
| Enclosed is an original a | and one(1) copy of the Article | es of Incorporation and a | check for: | |
| □ | 70 and 7 2 | | |] |
| □ \$70.00 | ☑ \$78.75 | □\$78.75 | ■ \$87.50 | |
| Filing Fee | Filing Fee & Certificate of | Filing Fee & Certified Copy | Filing Fee, Certified Copy | |
| | Status | & Certified Copy | & Certificate | |
| | | | | 1 |
| | | ADDITIONAL COPY REQUIRED | | |
| | • | | | 4 |
| | | | | |
| FROM: | Sonrise Harvest Church, Inc | . . | | |
| Name (Printed or typed) | | | | 2. |
| | | | | 05 |
| 1557 Cesery Blvd. Address | | | _ | કે હૈંદ |
| | Auc | aress | | OS MAY 29 |
| Jacksonville, FL 32211 | | | | |
| | City, State & Zip | | _ | 是 三里 |
| | | | | 0.1'6 |
| | (904) 743-9094 | | _ | 0 10 |
| | Davtime Tele | phone number | | *·* |

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Sonrise Harvest Church, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1557 Cesery Blvd., Jacksonville, FL 32211

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For worship, teaching and preaching the word of God; to meet as a church in compliance with Florida 617 and Federal 501.c.3 guidelines.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

A meeting was held with all current members invited and attended on April 27, 2004; following election according to Roberts' Rules of Order for Board members.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Dr. Eldon DeWitt, President, 2044 Sprinkle Dr., Jacksonville, FL 32211 Bob Ward, 4032 Sanclerc Rd., Jacksonville, FL 32217 Leon Moitt, 7047 Mayapple Rd., Jacksonville, FL 32211

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Eldon DeWitt, Ph.D. 2044 Sprinkle Dr. Jacksonville, FL 32211

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Eldon DeWitt, Ph.D. 2044 Sprinkle Dr. Jacksonville, FL 32211

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Eldon Webitt Ph. D.

Signature/Registered Agent

Date

Eldon Webitt Ph. D.

Signature/Incorporator

Date