

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

03-23-2006 90025 006 ****61.25

DOCUMENT # N05000005278																													
1. Entry Name SONRISE HARVEST CHURCH, INC.																													
Principal Place of Business 1557 CESERY BLVD JACKSONVILLE, FL 32211			Mailing Address 1557 CESERY BLVD JACKSONVILLE, FL 32211																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03202006 Chg-NP CR2E037 (11/05)																									
City & State		City & State		4. FEI Number 27-0141595																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
DEWITT, ELDON 2044 SPRINKLE DR JACKSONVILLE, FL 32211				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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>Eldon L Dewitt</u> <small>Signature, typed or printed name of registered agent and fee if applicable</small>				DATE <u>3-20-06</u> <small>(NOTE: Registered Agent signature required when renewing)</small>																									
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State																									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																									
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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: <u>Eldon L Dewitt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>3-20-06</u> DAYTIME PHONE # <u>904-743-9094</u>																									