

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90286 001 \*\*\*122.50

**DOCUMENT # N05000005278**

1. Entity Name

**SONRISE HARVEST CHURCH, INC.**



Principal Place of Business

**1557 CESERY BLVD  
JACKSONVILLE, FL 32211**

Mailing Address

**1557 CESERY BLVD  
JACKSONVILLE, FL 32211**

**66013205**



**DO NOT WRITE IN THIS SPACE**

01152007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**27-0141595**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**DEWITT, ELDON  
2044 SPRINKLE DR  
JACKSONVILLE, FL 32211**

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEWITT, ELDON
STREET ADDRESS	2044 SPRINKLE DR
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	D
NAME	DE WITT, PATRICIA <i>DeWitt</i>
STREET ADDRESS	2044 SPRINKLE DR
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	D
NAME	MOITT, LEON
STREET ADDRESS	7047 MAYAPPLE RD
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	D
NAME	HENRY, BOB
STREET ADDRESS	PO BOX 398
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** *Eldon DeWitt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-07**

Date

Daytime Phone # \_\_\_\_\_