2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005278

Address:

City-St-Zip:

FILED Mar 04, 2008 Secretary of State

Entity Nar	ne: SONRIS	E HARVEST CHURCH, INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
1557 CESE JACKSON	ERY BLVD VILLE, FL 32:	211				
Current Mailing Address:			New Maili	New Mailing Address:		
1557 CESE JACKSON	ERY BLVD VILLE, FL 32:	211				
FEI Number:	27-0141595	FEI Number Applied For ()	FEI Number Not App	icable () Certifica	te of Status Desired()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
DEWITT, E 2044 SPRI JACKSON		211 US				
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered office or re	egistered agent, or both,	
SIGNATUF						
Electronic Signature of Registered Age			gent	nt Date		
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (DEWITT, ELDO 2044 SPRINKI JACKSONVILL	E DR	Title: Name: Address: City-St-Zip:	()Change() Addition	
Title: Name: Address: City-St-Zip:	D (MOITT, LEON 7047 MAYAPP JACKSONVILL		Title: Name: Address: City-St-Zip:	VP (X) Change of BOMBERGER, KIM 7920 MERRILL RD #305 JACKSONVILLE, FL 322	,	
Title: Name: Address: City-St-Zip:	HENRY, BOB PO BOX 398) Delete SPRINGS, FL 32043	Title: Name: Address: City-St-Zip:	()Change() Addition	
Title: Name:	() Delete	Title: Name:	S/T () Change (DEWITT, PATRICIA A	X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

2044 SPRINKLE DR. JAX, FL 32211

SIGNATURE: PATRICIA DEWITT S/T 03/04/2008