## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000005278

City-St-Zip:

JAX, FL 32211

e: SONRISE HARVEST CHURCH INC

FILED Apr 20, 2009 Secretary of State

| Entity Name: SONRISE HARVEST CHURCH, INC.         |   |                                  |   |   |                   |  |
|---|---|----------------------------------|---|---|-------------------|--|
| Current Principal Place of Business:              |   |                                  | New Principal Place of Business:            |   |                   |  |
| 1555 CESE<br>JACKSON                              | ERY BLVD<br>VILLE, FL 322                             | 211                              |   |   |                   |  |
| Current Mailing Address:                          |   |                                  | New Mailing Address:                        |   |                   |  |
| 1555 CESE<br>JACKSON                              | ERY BLVD<br>VILLE, FL 322                             | 211                              |   |   |                   |  |
| FEI Number: 27-0141595 FEI Number Applied For ( ) |   |                                  | FEI Number Not Appl                         | FEI Number Not Applicable ( ) Certificate of Status Desired ( )                                   |                   |  |
| Name and Address of Current Registered Agent:     |   |                                  | Name and                                    | Name and Address of New Registered Agent:   |                   |  |
| DEWITT, E<br>2044 SPRI<br>JACKSON                 |   | 211 US                           |   |   |                   |  |
| The above in the State                            | named entity :<br>e of Florida.                       | submits this statement for the p | ourpose of changing i                       | ts registered office or registered  | d agent, or both, |  |
| SIGNATUR  | RE:   |                                  |   |   |                   |  |
| Electronic Signature of Registered Ag             |   |                                  | ent   | Date  |                   |  |
| OFFICERS  | S AND DIREC   | TORS:                            | ADDITION                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  |                   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | P ( )<br>DEWITT, ELDO<br>2044 SPRINKL<br>JACKSONVILLI | E DR                             | Title:<br>Name:<br>Address:<br>City-St-Zip: | P (X) Change ( ) Addition<br>BOMBERGER, HAANS<br>7920 MERRILL RD. #0305<br>JACKSONVILLE, FL 32211 | ר                 |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | VP ( )<br>BOMBERGER,<br>7920 MERRILL<br>JACKSONVILL   | RD #305                          | Title:<br>Name:<br>Address:<br>City-St-Zip: | VP (X) Change ( ) Addition<br>DEWITT, PATRICIA<br>2044 SPRINKLE DR.<br>JACKSONVILLE, FL 32211     | n                 |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | HENRY, BOB<br>PO BOX 398                              | Delete<br>SPRINGS, FL 32043      | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition   | ı                 |  |
| Title:<br>Name:<br>Address:                       | S/T (X<br>DEWITT, PATR<br>2044 SPRINKL                |                                  | Title:<br>Name:<br>Address:                 | ()Change ()Addition   | n                 |  |

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.

City-St-Zip:

SIGNATURE: PATRICIA DEWITT VP 04/20/2009