

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011553

FILED
Apr 07, 2009
Secretary of State

Entity Name: SUNRISE CHRISTIAN SCHOOL OF ACADEMIC STUDIES, INC.

Current Principal Place of Business:

4505 NW 103RD AVE
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

4505 NW 103RD AVE
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 94-3463553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, RITA
7521 NW 45TH TERRACE
PARKLAND, FL 33076 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, RITA
Address: 7521 NW 115TH TERRACE
City-St-Zip: PARKLAND, FL 33076

Title: D () Delete
Name: WILLIAMS, DEVON
Address: 7521 NW 115TH TERRACE
City-St-Zip: PARKLAND, FL 33076

Title: D () Delete
Name: WILLIAMS, WILLIAM C
Address: 7521 NW 115TH TERRACE
City-St-Zip: PARKLAND, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: RITA WILLIAMS

D

04/07/2009

Electronic Signature of Signing Officer or Director

Date