2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State
01-12-2006 90200 032 ****70.00

DOCUMENT # N20362

1. Entity Name
SUNRISE TABERNACLE CHURCH, INC.

Principal Place of Business	Mailing Address
3280 SO 25 ST FORT PIERCE, FL 34981 US	3280 SO 25 ST FORT PIERCE, FL 34981 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01092006 Chg-NP CR2E037 (11/05)

4. FEI Number: 59-2769834 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YORK, TOMMY M. 375 KAYE STREET FORT PIERCE, FL 34947	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 ______________________________

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD YORK, TOMMY M. 375 KAYE STREET FT. PIERCE, FL 34947	☐ Delete	STD Caroline J. York 375 Kaye Street Ft. Pierce, Fla 34982	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	STD BOHREN, ROBERT 2009 SOUTH 29 STREET FORT PIERCE, FL 34947	☒ Delete	TREASURE Willie May LACKEY 801 Garden Ave Ft. Pierce, FlA 34982	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WILLIAMS, CHARLES P.O. BOX 1947 FORT PIERCE, FL 34954	☐ Delete	D Kenneth Keck 142 SW Chapman Ave Port Saint Lucie, FLA 34984	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition

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: Rev. Tommy M York REV. TOMMY M YORK PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR