## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

Principal Place of Business

2. Principal Place of Business

appears in Block 12 or Block

SIGNATURE:

Suite, Ant. #, etc

N20522

(1)

## SUNRISE LUTHERAN CHURCH OF PORT ST. JOHN, INC.

4775-4 FAY BLVD. GOÇOA FL 32927

21

Mailing Address

4775-4 FAY BLVD. COCOA FL 32927-8246

2a. Mailing Address

Suite, Apt. #, etc.

## FILED Mar 21 1997 8:00am Secretary of State



3a. Date of Last Report 04/03/1996

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified 05/06/1987

59-2804015

5. Certificate of Status Desired

4. FEI Number

12. OFFICERS AND DIRECTORS  TITLE  NAME  HUGGINS, JIM  STREET ADDRESS  6945 PLUTO  13. ADDITIONS/CHANGES TO OFFICERS  11 TITLE  12 NAME  1.2 NAME  1.3 STREET ADDRESS	ngible tax under s es No ered Agent    B5   Zip     S5   Zip     S6   Zip     S6   Zip     S7   S7     S8   S8     S8   S8     S8   S8     S8   S8	to Fees 199 032, Code ts registered registered
Zip   Country   Zip   Country   Zip   Country   Statutes   This corporation has Hability for intant   Florida Statutes   Ye	ngible tax under s es No ered Agent  FL 85 Zip i ose of changing it e appointment as	Code ts registered registered
24 25 29 30 Florida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Register FLACHMEIER, DON 7460 N COCOA BLVD #201 COCOA FL 32927 84 City  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpor office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE Signature typed or protect name of registered agent and title if applicable. (NOTE Registered Agent's gnature required when reinstating) D. OFFICERS AND DIRECTORS 11. TITLE PD DELETE 11 TITLE NAME HUGGINS, JIM 1.2 NAME STREET ADDRESS 6945 PLUTO 1.3 STREET ADDRESS	FL 85 Zip to see of changing it e appointment as	Code ts registered registered
9. Name and Address of Current Registered Agent  10. Name and Address of New Register  81 Name  FLACHMEIER, DON 7460 N COCOA BLVD  #201  COCOA FL 32927  83  City  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpor office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature speed or posited name of registered agent and till of applicable. (NOTE Registered Agent's gnature required when reinstating)  DELETE 11 TITLE  NAME  HUGGINS, JIM  1.2 NAME  STREET ADDRESS  6945 PLUTO  1.3 STREET ADDRESS	FL 85 Zip i ose of changing it e appointment as	ts registered registered
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TILE         PD         DELETE         1 TITLE           NAME         HUGGINS, JIM         1.2 NAME           STREET ADDRESS         6945 PLUTO         1.3 STREET ADDRESS		
NAME HUGGINS, JIM 1.2 NAME STREET ADDRESS 6945 PLUTO 1.3 STREET ADDRESS	C) Cripinge	Addition
STREET ADDRESS 6945 PLUTO 1.3 STREET ADDRESS		LJ Addition
00004 51		
CITY-ST-ZIP COCOA FL 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE DIRECTOR	<b>17</b> Channel	I deletion
	Change	☐ Addition
NAME GRALTON, LINDA 22 NAME		
SIMPET ADDRESS 4320 FAIRFAX ST 2.3 STREET ADDRESS 2		
CITY-SI-ZIP COCOA FL 2.4 CITY-ST-ZIP	342TT X	<b>V</b> 4 1 100
TILE T DELETE 31 TITLE	Change	Addition
NAME POWELL, JOE STREET ADDRESS 4847 HORTON ST  3.2 NAME 3.3 STREET ADDRESS 4575 KINKS HUY		
STREET ADDRESS 4847 HORTON ST 33 STREET ADDRESS 4575 KINES HUY		i
CITY-S1-72P COCOA FL 3.4 CITY-S1-72P COCOA, FL  THLE V DELETE 4.1 TITLE TREASURER		
TOLE V CONTROL DELETE ATTITLE TREASURER	Change	Addition
NAME MILLS, ROBERT 4.2 NAME		
STREET ADDRESS 4625 ROSEBUD ST 4.3 STREET ADDRESS		ļ
CITY-S1-ZIP COCOA FL 4.4 CITY-ST-ZIP		
THEF DELETE STIME	☐ Change	☐ Addition
NAME MCCAULEY, JUDY 5.2 NAME		
STREET ADDRESS 4155 SKYWAY DR. 5.3 STREET ADDRESS		i
CITY-ST-ZIP COCOA FL 5.4 CITY-ST-ZIP		
THE D DELETE 61TIME SECRETARY	Change	Addition
NAME KORDULA, LINDA 6.2 NAME		
STREET ADDRESS 6977 COLUMBINE DR 6.3 STREET ADDRESS		
CITY-SI-ZIP COCOA FL 6.4 CITY-SI-ZIP		İ
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I finformation indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effection.	further certify that ect as if made un	the der oath: that