

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N20522

1. Entity Name
SUNRISE LUTHERAN CHURCH OF PORT ST. JOHN, INC.



Principal Place of Business
4725 FAY BLVD
COCOA, FL 32927

Mailing Address
4725 FAY BLVD
COCOA, FL 32927 US



01242004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2804015

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ARNESON, DAVID L
3635 ATLANTA ST
COCOA, FL 32926

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000095278
03/24/04-80025-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ARNESON, DAVID L
STREET ADDRESS	3635 ATLANTA ST
CITY-ST-ZIP	COCOA, FL 32926
TITLE	VPD
NAME	JOHNSON, MAXINE
STREET ADDRESS	6193 CORNING RD
CITY-ST-ZIP	PORT ST JOHN, FL 32927
TITLE	D
NAME	MOLLER, LARRY E
STREET ADDRESS	4220 LUCIANO AVE
CITY-ST-ZIP	COCOA, FL 32926
TITLE	T
NAME	KEINATH, GRACE
STREET ADDRESS	5270 FRUITPART STREET
CITY-ST-ZIP	PORT ST JOHN, FL 32955
TITLE	D
NAME	FORD, URSULA
STREET ADDRESS	6300 GOLFWVIEW AVE
CITY-ST-ZIP	PORT ST JOHN, FL 32927
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I 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 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: *David L. Arneson* **DAVID L. ARNESON** 1/24/04 321-633-3968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #