FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:53

DOCUMENT # N21552 (7)

1. Corporation Name
SUNRISE COMMUNITY CHURCH, INC.

Principal Place of Business	Mailing Address
P.O. BOX 10513 RIVIERA BEACH FL 33419-0513	P.O. BOX 10513 RIVIERA BEACH FL 334190513

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1987
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-2826743 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STRICKLAND, RUTH F
2555 P G A BLVD LOT 222
PALM BCH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	V/D	☒ Change ☐ Addition
NAME	BAKER, ISABEL	1.2 NAME	DAVID BERRY	
STREET ADDRESS	676 MONET ACRES	1.3 STREET ADDRESS	2801 BAYONNE DR.	
CITY-ST-ZIP	PALM BCH GDNS. FL 33410	1.4 CITY-ST-ZIP	PALM BEACH GDNS.FL 33410	
TITLE	MEM	2.1 TITLE	D	☒ Change ☐ Addition
NAME	JONES, JAMES M	2.2 NAME	ELIZABETH T.PELTON	
STREET ADDRESS	6943 41ST AVE NO	2.3 STREET ADDRESS	175 FOUR SEASONS DR.	
CITY-ST-ZIP	RIVIERA BCH FL	2.4 CITY-ST-ZIP	PALM BEACH GDNS.FL 33410	
TITLE	S	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	COVIELLO, HELEN A	3.2 NAME		
STREET ADDRESS	4179 70TH LN NO	3.3 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BCH FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	T	☒ Change ☐ Addition
NAME	STRICKLAND, RUTH F	4.2 NAME		
STREET ADDRESS	2555 PGA BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GDNS FL 33410	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	ANTHONY, MARGE	5.2 NAME		
STREET ADDRESS	820 SEMINOLE BLVD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK FL 33403	5.4 CITY-ST-ZIP		
TITLE	PD	6.1 TITLE		☐ Change ☐ Addition
NAME	LOMAX, WILLIAM	6.2 NAME		
STREET ADDRESS	9281 OLD DIXIE HWY.	6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth F. Strickland RUTH F. STRICKLAND TREASURER 1/23/95 1-407-727-8197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D04000