

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N21552 (7)  
1. Corporation Name  
SUNRISE COMMUNITY CHURCH, INC.



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

Mailing Address  
P.O. BOX 10513  
RIVIERA BEACH FL 33419-0513

3. Date Incorporated or Qualified  
07/14/1987

3a. Date of Last Report  
02/01/1995

2. Principal Place of Business  
21 STORE FRONT CHURCH

2a. Mailing Address  
26 P.O. BOX 10513

4. FEI Number  
59-2826743

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 114 E. BLUE HERON

Suite, Apt. #, etc.  
27

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

City & State  
23 RIVIERA BEACH, FL

City & State  
28 RIVIERA BEACH, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip  
24 33404

Country  
25 PALM BEACH

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

Zip  
29 33419-0513

Country  
30 PALM BEACH

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
STRICKLAND, RUTH F  
2555 P G A BLVD LOT 222  
PALM BCH GARDENS FL 33410

81 Name  
DR. BERRY, DAVID C.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2801 BAYONNE DR.  
83  
84 City  
PALM BEACH GARDENS FL  
85 Zip Code  
33410

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
VD	BERRY, DAVID	2801 BAYONNE DR	PALM BCH GDNS. FL	<input checked="" type="checkbox"/>
D	PELTON, ELIZABETH T	175 FOUR SEASONS DR	PALM BEACH GDNS FL	<input type="checkbox"/>
S	COVIELLO, HELEN A	4179 70TH LN NO	RIVIERA BCH FL	<input type="checkbox"/>
TD	STRICKLAND, RUTH F	2555 PGA BLVD.	PALM BCH GDNS FL 33410	<input checked="" type="checkbox"/>
S	ANTHONY, MARGE	820 SEMINOLE BLVD.	LAKE PARK FL 33403	<input type="checkbox"/>
PD	LOMAX, WILLIAM	9281 OLD DIXIE HWY.	LAKE PARK FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	BAKER, IRVING	676 MONET ACRES	PALM BEACH GARDENS, FL. 33410	<input type="checkbox"/>	<input type="checkbox"/>
VD	BERRY, JANIE	2801 BAYONNE DR.	PALM BEACH GARDENS, FL. 33410	<input type="checkbox"/>	<input type="checkbox"/>
S	COVIELLO, HELEN A	4179 70TH. LN NO.	RIVIERA BEACH, FL.	<input type="checkbox"/>	<input type="checkbox"/>
TD	BERRY, DAVID C.	2801 BAYONNE DR.	PALM BEACH GARDENS, FL 33410	<input type="checkbox"/>	<input type="checkbox"/>
S				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERRY, DAVID C.

Date

4-9-96

Daytime Phone #

1-407 6264547

CR2E037 (12/95)