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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21552** (7)

1. Corporation Name

SUNRISE COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

**STORE FRONT CHURCH
114 E BLUE HERON
RIVIERA BEACH FL 33404
US**

**P. O. BOX 10513
RIVIERA BEACH FL 33419-0513
US**



3. Date Incorporated or Qualified
07/14/1987

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DR DAVID C BERRY
2801 BAYONNE DR
PALM BEACH GARDENS FL 33410**

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 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *David C. Berry*
Signature, typed or printed name of registered agent and title, if applicable

Treasurer
(NOTE: Registered Agent signature required when reinstating)

4-20-97
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **IRVING BAKER**
STREET ADDRESS **676 MONET ACRES**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **D** ☐ DELETE
NAME **PELTON, ELIZABETH T**
STREET ADDRESS **175 FOUR SEASONS DR**
CITY-ST-ZIP **PALM BEACH GDNS FL**

TITLE **S** ☒ DELETE
NAME **COVIELLO, HELEN A**
STREET ADDRESS **4179 70TH LN NO**
CITY-ST-ZIP **RIVIERA BCH FL**

TITLE **VD** ☐ DELETE
NAME **JANIE BERRY**
STREET ADDRESS **2801 BAYONNE DR**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **S** ☐ DELETE
NAME **ANTHONY, MARGE**
STREET ADDRESS **820 SEMINOLE BLVD.**
CITY-ST-ZIP **LAKE PARK FL 33403**

TITLE **S** ☒ DELETE
NAME **HELENA COVIELLO**
STREET ADDRESS **4179 70TH LANE, NO**
CITY-ST-ZIP **RIVIERA BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **WILLIAM LOMAX** ☒ Change ☐ Addition
1.2 NAME **9281 OLD DIXIE HWY**
1.3 STREET ADDRESS **LAKE PARK, FLA- 33403**
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 *David C. Berry*

4-20-97

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CR2E037 (9/96)