FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1	NNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS		Secretary of State		
DOCU 1. Corporation	MENT # N2155	2 (7)			
SUNRISE COMMUNITY CHURCH, INC.					
Principal Plac	e of Business	Mailing Address		1 individer and elegan mean dead deter men did did	9/0// 9/0// 0/11// 0/6// 10/0// (00)
STORE FRONT		P. O. BOX 10513		3. Date Incorporated or Qualified	
114 E BLUE HERON RIVIERA BEACH FL 33419-051 RIVIERA BEACH FL 33404 US			513	07/14/1987	
us				4. FEI Number	Applied For
2. Principal Place of Business 2a. Mailing Address				59-2826743	Not Applicable \$8.75 Additional
21 26			5. Certificate of Status Desired	Fee Required	
Sulte, Apt.	Sulte, Apt. #, etc. Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
27 City & State City & State			- 	7. Is this nonprofit corporation a homeown	Added to Fees
23		28		☐ Yes	No
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25 9. Name and Address of Currer		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
81 Name					
DR DAVID C BERRY 82 Street Adv				Iress (P.O. Box Number is Not Acceptable)	
2801 BAYONNE DR				SAMR	
PALM B	EACH GARDENS FL 33410		83	JAM 2	
			84 City	F	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 a management of the purpose of changing its registered agent. I am familiar with a management of the purpose of changing its registered agent. I am familiar with a management of the purpose of changing its registered agent. I am familiar with a management of the purpose of changing its registered agent. I am familiar with a management of the purpose of changing its registered agent. I am familiar with a management of the purpose of changing its registered agent. I am familiar with a management of the purpose of changing its registered agent. I am familiar with a management of the purpose of changing its registered agent. I am familiar with a management of the purpose of changing its registered agent. I am familiar with a management of the purpose of changing its registered agent. I am familiar with a management of the purpose of changing its registered agent. I am familiar with a management of the purpose of changing its registered agent. I am familiar with a management of the purpose of changing its registered agent. I am familiar with a management of the purpose of changing its registered agent. I am familiar with a management of the purpose of changing its registered agent. I am familiar with a management of the purpose of changing its registered agent. I am familiar with a management of the purpose of changing its registered agent. I am familiar with a management of the purpose of changing its registered agent. I am familiar with a management of the purpose of changing its registered agent. I am familiar with a management of the purpose of changing its registered agent. I am familiar with a management of the purpose of the purpose of					
SIGNATURE	WHAT C. LA	ford	VAIID	CDERRY	3-17-28
12.	Signature, typed or printed name of registered ago OFFICERS AN		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	LOMAX, WILLIAM		1.2 NAME		
STREET ADDRESS	9281 OLD DIXIE HWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK FL	T DELETE	1.4 CITY-ST-ZIP		The same
TITLE	D Driton Flizabetu t	☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	PELTON, ELIZABETH T 175 FOUR SEASONS DR		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GDNS FL		2. 4 CITY-ST-ZIP		
TITLE	VD	☐ DEL e te	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	JANIE BERRY		3.2 NAME		
STREET ADDRESS	2801 BAYONNE DR		3.3 STREET ADDRESS		
CITY-SY-ZIP	PALM BEACH GARDENS FL	The section is a section of the sect	3.4. CITY - ST - ZIP		
TITLE	S ANTHONY MADOC	☐ DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS	ANTHONY, MARGE 820 SEMINOLE BLVD.		4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK FL 33403		4.4 City-ST-ZIP		
TITLE	WHITE INTEREST	☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. 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 cer 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 und officer or director of the corporation or the receiver or trustee employeered to execute this report as required by Chapter 617, Florida Statutes; and that m Block 12 or Block 13 if changed, or on an attachment with an address. fy that the information r oath; that I am an name appears in

SIGNATURE:

FILED

Mar 26 1998 8:00am