FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N21552 1. Corporation Name

SUNRISE COMMUNITY CHURCH, INC.				and the same				
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Principal Plac	e of Business	Mailing Address						
STORE FROM 114 E BLUE M RIVIERA BEAC US	HERON	P. O. BOX 10513 RIVIERA BEACH FL 33419-01 US	513	\$ # H				
2. Principal P	Place of Business	2a. Mailing Address		3. Date incorporated or 0	Qualifed		·	
21		26		07/14/1987	5.	* * * * * * * * * * * * * * * * * * * *		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number		App	olied For	ت
22		27		59-2826743	·		Applicable	8
City & Star	te	City & State		5. Certificate of Status De	esired 🔲	\$8.75 A		2
Zip	Country 25	Zip 29 3	Country	Election Campaign Fir Trust Fund Contribution	-	\$5.00 Added to		
<u> </u>	9. Name and Address of Current			10. Name and Address of	of New Registered	Agent		
	•		81 Name					
DR:DAVID	C BERRY		82 Street Add	ress (P.O. Box Number is Not	Acceptable)	· · · · · · · · · · · · · · · · · · ·		
2801 BAYONNE DR				·····	· · · · · · · · · · · · · · · · · · ·			
PALM BE	ACH GARDENS FL 33410		83			•	,	
	*		84 City		· F1	85 Zip C	ode	
11 Dissipat	to the previous of Sections 617 0502	and 617 1509 Florida Statutos	the shove named corr	noration pubmits this statemen	FL t for the purpose of		registered	
office or i	to the provisions of Sections 617.0502 registered agent, or both, in the State of familiar with, and accept the obligations.	f Florida. Such change was aut	horized by the corporati	on's board of directors. I here	by accept the appo	intment as rec	istered	
15%		ons or, Section 617.0503, Flored	la Statutes.	. * \$ *. (%)	នៃ រៈមានប្រជាជា	4 · 1 · 4 2 · 2 · (1 · 4 ·).	S A CKTO PATE	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature require	ed when reinstating)	DATE		: . l	ล์
12.	OFFICERS AND		E 40					
TITLE	PD	DIRECTORS	13.	ADDITIONS/CHANGES	TO OFFICERS AN	ND DIRECTO		ğ
NAME		DELETE	1.1 TITLE	ADDITIONS/CHANGES	TO OFFICERS AN	ND DIRECTO	RS IN 12	(11/9)
STREET ADORESS	LOMAX, WILLIAM			C/ +4+ E/82	TO OFFICERS AN			137 (11/0)
	9281 OLD DIXIE HWY		1.1 TITLE		TO OFFICERS AN			E037 (11/9)
CITY-ST-ZIP	1	☐ DELETE	1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	C/ +4+ E/82	TO OFFICERS AN	☐ Change	☐ Addition	SP2E037 (11/9)
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	9281 OLD DIXIE HWY LAKE PARK FL D PELTON, ELIZABETH T	☐ DELETE	1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	C/ +4+ E/82	TO OFFICERS AN	☐ Change	☐ Addition	CB2E037 (11/0)
TITLE	9281 OLD DIXIE HWY LAKE PARK FL D PELTON, ELIZABETH T 175 FOUR SEASONS DR	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	C/ +4+ E/82	TO OFFICERS AN	☐ Change	☐ Addition	CP2E037 (11/9)
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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 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 if the appears with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

541- 626454 Daytime Phone #

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90048 003 ****61.25