

2000 UNIFORM BUSINESS REPORT (UBR)

0008148

DOCUMENT # N21552
 1. Entity Name
SUNRISE COMMUNITY CHURCH, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 DEC 15 AM 11:15

Principal Place of Business Mailing Address
STORE FRONT CHURCH **P. O. BOX 10513**
114 E BLUE HERON **RIVIERA BEACH FL 33419-0513**
RIVIERA BEACH FL 33404 **US**
US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

REINSTATEMENT DO NOT WRITE IN THIS SPACE **00**

4. FEI Number **59-2826743** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
DR DAVID C BERRY
2801 BAYONNE DR
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE *David C. Berry - no change of agents* DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOMAX, WILLIAM 9281 OLD DIXIE HWY LAKE PARK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELTON, ELIZABETH T 175 FOUR SEASONS DR PALM BEACH GDNS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JANIE BERRY 2801 BAYONNE DR PALM BEACH GARDENS FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANTHONY, MARGE 820 SEMINOLE BLVD. LAKE PARK FL 33403 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DAVID C. BERRY <input type="checkbox"/> Delete 2801 BAYONNE DR 33410 PALM BEACH GARDENS FLA.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400003523844--9 -01/04/01--01098--001 *****175.00 *****175.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400003523844--9 -01/04/01--01098--002 *****61.25 *****61.25 <i>for 10/20</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David C. Berry* **9-15-2000** **NOVE**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/00)