

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21552

1. Entity Name

SUNRISE COMMUNITY CHURCH, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90097 025 ****61.25

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2826743**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **WILLIAM LOMAX**
 Street Address (P.O. Box Number is Not Acceptable)
9281 OLD DIXIE HWY
LAKE PARK, FLORIDA 33403
 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **LOMAX, WILLIAM**
 CITY-ST-ZIP **9281 OLD DIXIE HWY**
LAKE PARK FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **BERRY, DAVID C**
 CITY-ST-ZIP **2801 BAYONNE DR**
PALM BEACH GARDENS FL 33410

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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 NAME
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 CITY-ST-ZIP

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
(TREASURER)
5-1-2001

1-561-626
4847

CR2E037 (10/00)