

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38106

FILED
Apr 23, 2009
Secretary of State

Entity Name: SUNRISE CHRISTIAN LIFE MISSION, INC.

Current Principal Place of Business:

5800 JOHNSON ST
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

910 NW 185 TERRACE
HOLLYWOOD, FL 33029 US

New Mailing Address:

FEI Number: 65-0185546 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SALA, RUBEN ALBERTO
910 NW 185 TERRACE
HOLLYWOOD, FL 33029 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SALA, ALBERTO
Address: 910 NW 185 TERRACE
City-St-Zip: HOLLYWOOD, FL 33029

Title: V () Delete
Name: VILES, HAROLD JR
Address: 16501 SW 1ST
City-St-Zip: PEMBROKE PINES, FL 33027

Title: T () Delete
Name: SARDINAS, JULIAN
Address: 1243 FAIR LAKE TRACE, APT 1208
City-St-Zip: WESTON, FL 33366

Title: SD () Delete
Name: SALA, NEREIDA
Address: 910 NW 185 TERRACE
City-St-Zip: HOLLYWOOD, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBEN ALBERTO SALA

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date