FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995 95 1 PM 1:05 B62229

APPROVED AND FILED

1995 JAN 1 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004970 (9)

SON RISE CHRISTIAN ACADEMY, INC.

Principal Place of Business
2507 NW 54 AVE
GAINESVILLE FL 32606

Mailing Address
2507 NW 54 AVE
GAINESVILLE FL 32606

3. Date Incorporated or Qualified: 10/05/1994
3a. Date of Last Report:
4. FEI Number: [X] Applied For [ ] Not Applicable

21 [ ]
22 Suite, Apt. # or [ ]
23 [ ]
24 [ ] 25 [ ]

26 Mailing Address: PO BOX 140472
27 Suite, Apt. # or [ ]
28 City & State: GAINESVILLE FL
29 Zip: 32614-0472 30 County: ALACHUA

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Certified copy of Articles of Incorporation [ ] $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] $68.75 Supplemental Fee Not Required
8. The corporation has made, or intends to make, an election under Section 1361 of the Internal Revenue Code [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

LITTLER, ROBERT L
2507 NW 54 AVE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, and/or 607.0506, 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. The registered office and registered agent have been authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [illegible]

12. OFFICER AND DIRECTOR

Title	D
Name	LITTLER, ROBERT L
Street Address	2507 NW 54 AVE
City, State, Zip	GAINESVILLE FL 32606
Title	D
Name	LITTLER, BARBARA E
Street Address	2507 NW 54 AVE
City, State, Zip	GAINESVILLE FL 32606
Title	D
Name	RAHN, WILLIAM R
Street Address	P O BOX 1590 N/A
City, State, Zip	HIGH SPRINGS FL 32643

13. ADDITIONAL OFFICERS AND DIRECTORS

[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is accurate, complete, and current as of the date of filing. I further certify that the corporation has complied with all applicable provisions of Florida Statutes, including, but not limited to, Section 607.0505 and 607.0506, Florida Statutes, 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 or other fiduciary empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attached amendment, or on other legal documents filed with the division.

SIGNATURE: [illegible] President 1/12/95 904 331 4238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0002766