

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 AUG 20 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N94000004970*

1. Entity Name *Son Rise Christian Academy, Inc.*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6636 SW 81st Terrace

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 358262

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

593301612

Applied For

Not Applicable

Zip

32608-5630

Country

U.S.A.

Zip

32635-8262

Country

Alachua

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name *Susan Sims Hsu*

Street Address (P.O. Box Number is Not Acceptable)

6636 SW 81st Terrace

City *Gainesville*

FL

Zip Code

32608-5630

**DO NOT WRITE
IN THIS SPACE**

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

Susan Sims Hsu

Susan Sims Hsu, Administrator 8/12/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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 *Administrator - Director-President*
NAME *Susan Sims Hsu*
STREET ADDRESS *6636 SW 81st Terrace*
CITY-ST-ZIP *Gainesville, FL 32608-5630*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000007293430--0

TITLE *Secretary - Director*
NAME *Isia Jovel*
STREET ADDRESS *12205 SW 23rd Avenue*
CITY-ST-ZIP *High Springs, FL 32643-6533*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

08/22/02--01079--0114

*****70.00 *****70.00

TITLE *Treasurer - Director*
NAME *Lisa Rhan*
STREET ADDRESS *P.O. Box 1650*
CITY-ST-ZIP *High Springs, FL 32655*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE *Assistant - Director - Vice President*
NAME *Maria Alvarado*
STREET ADDRESS *40 SE 6th Avenue*
CITY-ST-ZIP *High Springs, FL 32643*

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowerment.

SIGNATURE:

Susan Sims Hsu

Susan Sims Hsu

8/12/02

(352)381-8745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

71 M10102