

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90015 005 ****70.00

DOCUMENT # N94000004970 1. Entity Name SON RISE CHRISTIAN ACADEMY, INC.					
Principal Place of Business 6636 SW 81ST TERRACE GAINESVILLE, FL 32608-5630				Mailing Address P O BOX 358262 GAINESVILLE, FL 32635-8262 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-3301612				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HSU, SUSAN S 6636 SW 81ST TERRACE GAINESVILLE, FL 32608-5630				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u><i>Susan Sims Hsu</i></u> _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ADP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HSU, SUSAN S		NAME		
STREET ADDRESS	6636 SW 81ST TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 326085630		CITY-ST-ZIP		
TITLE	ADPV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOORE, HARVEY		NAME	ADVP WALDEN, JEFFERSON	
STREET ADDRESS	4808 NE 73RD AVENUE		STREET ADDRESS	2613 B NE 3RD STREET	
CITY-ST-ZIP	GAINESVILLE, FL 32609		CITY-ST-ZIP	OCALA, FL 34470	
TITLE	ADVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, ROSEZELLA		NAME		
STREET ADDRESS	4808 NE 73RD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32609		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALVARADO, MARIA		NAME	SD MCDONALD, STACEY	
STREET ADDRESS	40 SE 6THS TREET		STREET ADDRESS	1316 NW 51ST TERRACE	
CITY-ST-ZIP	HIGH SPRINGS, FL 32655		CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAWFORD, TRICIA		NAME	TD CRAWFORD, TRICIA	
STREET ADDRESS	12821 NW 151ST ROAD		STREET ADDRESS	5883 NW 191ST LANE ROAD	
CITY-ST-ZIP	ALACHUA, FL 32615		CITY-ST-ZIP	ORANGE LAKE, FL 32681	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOBLE, ROSE		NAME		
STREET ADDRESS	20 NE 98TH LANE		STREET ADDRESS		
CITY-ST-ZIP	BRANFORD, FL 32008		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: <u><i>Susan Sims Hsu</i></u> SUSAN SIMS Hsu 4/1/04 (352)381-8745 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					