

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004970

FILED
Apr 28, 2005
Secretary of State

Entity Name: SON RISE CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

6636 SW 81ST TERRACE
GAINESVILLE, FL 326085630

New Principal Place of Business:

4141 NW 68TH DRIVE
GAINESVILLE, FL 326064277 US

Current Mailing Address:

P O BOX 358262
GAINESVILLE, FL 326358262 US

New Mailing Address:

FEI Number: 59-3301612 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HSU, SUSAN S
6636 SW 81ST TERRACE
GAINESVILLE, FL 326085630 US

Name and Address of New Registered Agent:

HSU, SUSAN S
4141 NW 68TH DRIVE
GAINESVILLE, FL 326064277 US

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: _____

04/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ADP () Delete
Name: HSU, SUSAN S
Address: 6636 SW 81ST TERRACE
City-St-Zip: GAINESVILLE, FL 326085630

Title: ADVP () Delete
Name: WALDEN, JEFFERSON
Address: 2613 B NE 3RD STREET
City-St-Zip: OCALA, FL 34470

Title: SD () Delete
Name: MCDONALD, STACEY
Address: 1316 NW 51ST TERR.
City-St-Zip: GAINESVILLE, FL 32605

Title: TD (X) Delete
Name: CRAWFORD, TRICIA
Address: 5883 NW 791ST LANE RD.
City-St-Zip: ORANGE LAKE, FL 32681

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ADP (X) Change () Addition
Name: HSU, SUSAN S
Address: 4141 NW 68TH DRIVE
City-St-Zip: GAINESVILLE, FL 326064277 US

Title: TD (X) Change () Addition
Name: STREIBICH, ERINA
Address: 3455 NW 50TH AVENUE
City-St-Zip: GAINESVILLE, FL 32605 US

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 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 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: SUSAN S. HSU

ADP

04/28/2005

Electronic Signature of Signing Officer or Director

Date