

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004970

FILED  
Apr 23, 2006  
Secretary of State

Entity Name: SON RISE CHRISTIAN ACADEMY, INC.

**Current Principal Place of Business:**

4141 NW 68TH DRIVE  
GAINESVILLE, FL 326064277 US

**New Principal Place of Business:**

**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 ( )

**Name and Address of Current Registered Agent:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: MCDONALD, STACEY  
Address: 1316 NW 51ST TERRACE  
City-St-Zip: GAINESVILLE, FL 32605 US

Title: SD (X) Change ( ) Addition  
Name: FRINK, JACQUELINE  
Address: 10405 SW 188TH AVENUE  
City-St-Zip: DUNNELLON, FL 34432

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN S. HSU

ADP

04/23/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date