

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004970

FILED
Jun 13, 2007
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 (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: MCDONALD, STACEY
Address: 1316 NW 51ST TERRACE
City-St-Zip: GAINESVILLE, FL 32605 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: MCDONALD, STACEY
Address: 8203 NW 31ST AVENUE #J61
City-St-Zip: GAINESVILLE, FL 32606 US

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

I hereby certify that the information supplied with this filing does not qualify 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

Electronic Signature of Signing Officer or Director

ADP

06/13/2007

Date