

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91337 039 *****70.00

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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

4. FEI Number **59-3301612**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$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

Susan S. Hsu

SUSAN S. HSU, ADMINISTRATOR/PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE **04/02/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **ADP** ☐ Delete
NAME **HSU, SUSAN S**
STREET ADDRESS **6636 SW 81ST TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32608-5630**

TITLE **SD** ☒ Delete
NAME **JOVEL, ISLIA**
STREET ADDRESS **12205 SW 23RD AVENUE**
CITY-ST-ZIP **HIGH SPRINGS FL 32643-6533**

TITLE **TD** ☒ Delete
NAME **RHAN, LISA**
STREET ADDRESS **PO BOX 1650**
CITY-ST-ZIP **HIGH SPRINGS FL 32655**

TITLE **ADVP** ☐ Delete
NAME **ALVARADO, MARIA**
STREET ADDRESS **40 SE 6TH AVE**
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ADP/ADVP** ☒ Addition
NAME **MOORE, HARVEY & ROSEZELLA**
STREET ADDRESS **4800 NE 73RD AVENUE**
CITY-ST-ZIP **GAINESVILLE, FL 32609**

TITLE **SD** ☒ Change ☐ Addition
NAME **ALVARADO, MARIA**
STREET ADDRESS **40 SE 6TH STREET**
CITY-ST-ZIP **HIGH SPRINGS, FL 32655**

TITLE **TD** ☐ Change ☒ Addition
NAME **CRAWFORD, TRICIA**
STREET ADDRESS **12821 NW 151ST ROAD**
CITY-ST-ZIP **ALACHUA, FL 32615**

TITLE **TD** ☐ Change ☒ Addition
NAME **MOBLE, ROSE**
STREET ADDRESS **20 NE 98TH LANE**
CITY-ST-ZIP **BRANFORD, FL 32008**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Mrs. Susan S. Hsu* **MRS. SUSAN S. HSU 04/02/03 381-8745**

CR2E037 (10/02)