

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000001650	
1. Entity Name SONRISE CHRISTIAN CENTER, INC.	
Principal Place of Business 9714 HIDDEN OAKS CIRCLE TAMPA, FL 33612	Mailing Address 9714 HIDDEN OAKS CIRCLE TAMPA, FL 33612



DO NOT WRITE IN THIS SPACE

04242005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3307892	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNSON, LUCIUS B 9714 HIDDEN OAKS CIRCLE TAMPA, FL 33612	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U000000336794

04/27/05-80143-004 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, LUCIUS B 9714 HIDDEN OAKS CIRCLE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, PATRICIA 9714 HIDDEN OAKS CIRCLE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD JOHNSON, LARRY B 2106 EAWH MEADOW DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD JOHNSON, KANDI S 14101 RIVERSTONE DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #