

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
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**



04112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

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 1306 LAMBDETH COURT SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD MAXSTADT, KANDI JOHNSON 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**

U00000710155
04/25/07-80033-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #