2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N95000001650

Entity Name: SONRISE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

9714 HIDDEN OAKS CIRCLE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

9714 HIDDEN OAKS CIRCLE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3307892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, LUCIUS B
9714 HIDDEN OAKS CIRCLE
TAMPA, FL 33612 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: PD ( ) Delete
Name: JOHNSON, LUCIUS B
Address: 9714 HIDDEN OAKS CIRCLE
City-St-Zip: TAMPA, FL 33612

Title: STD ( ) Delete
Name: JOHNSON, PATRICIA
Address: 9714 HIDDEN OAKS CIRCLE
City-St-Zip: TAMPA, FL 33612

Title: 1VD ( ) Delete
Name: JOHNSON, LARRY B
Address: 1306 LAMBDETH COURT
City-St-Zip: SUN CITY CENTER, FL 33573

Title: 2VPD ( ) Delete
Name: MAXSTADT, KANDI JOHNSON
Address: 14101 RIVERSTONE DR
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: {PATRICIA E. JOHNSON STD 03/24/2009

Electronic Signature of Signing Officer or Director — Date