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

## DOCUMENT # N9500001650

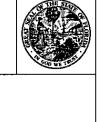
1. Entity Name

## SONRISE CHRISTIAN CENTER, INC.



FILED Feb 27, 2003 8:00 am Secretary of State

02-27-2003 90141 040 \*\*\*\*61.25



Principal Place of Business Mailing Address 9714 HIDDEN OAKS CIRCLE 9714 HIDDEN OAKS CIRCLE **TAMPA FL 33612 TAMPA FL 33612** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. -M CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3307892 Applied For Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOHNSON, LUCIUS B Street Address (P.O. Box Number is Not Acceptable) 9714 HIDDEN OAKS CIRCLE **TAMPA FL 33612** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Change ☐ Addition □ Delete TITLE TITLE JOHNSON, LUCIUS B NAME STREET ADDRESS STREET ADDRESS 9714 HIDDEN OAKS CIRCLE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33612** STD Change ☐ Addition ☐ Delete TITLE TITLE JOHNSON, PATRICIA NAME NAME 9714 HIDDEN OAKS CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33612** ☐ Addition TITLE ☐ Delete TITI F Johnson, Larry B. 2-106 Fawn Meddow Drive JOHNSON, LARRY B NAME NAME STREET ADDRESS 33547 ALBRITTON RD STREET ADDRESS CITY-ST-ZIP CJTY-ST-7IP LITHIA FL latrico. Change ☐ Addition TIT1 F Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE Johnson, Kandi S. 14101 Riverstone Dr. Tampa, Fla. 33624 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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