

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

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

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

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3307892**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, LUCIUS B  
9714 HIDDEN OAKS CIRCLE  
TAMPA FL 33612**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, LUCIUS B	
STREET ADDRESS	9714 HIDDEN OAKS CIRCLE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JOHNSON, PATRICIA	
STREET ADDRESS	9714 HIDDEN OAKS CIRCLE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, LARRY B	
STREET ADDRESS	33547 ALBRITTON RD.	
CITY-ST-ZIP	LITHIA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1st VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Larry B.	
STREET ADDRESS	2106 Eawn Meadow Drive	
CITY-ST-ZIP	Valrico, Fla. 33594	
TITLE	2nd VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kandi	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2nd VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Kandi S.	
STREET ADDRESS	14101 Riverstone Dr.	
CITY-ST-ZIP	Tampa, Fla. 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **REQUIRED**

**2-20-03, (813) 932-0478**

CR2E037 (10/02)