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Jun 20 1997 8:00am

19 Secretary of State

TALLAHASSEE, FL



NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004666 (1)**

1. Corporation Name

**SONRISE COMMUNITY CHURCH OF TALLAHASSEE, INC.**

Principal Place of Business

Mailing Address

**9503 BOYKIN ROAD  
TALLAHASSEE FL 32311**

**9503 BOYKIN ROAD  
TALLAHASSEE FL 32311-8698**

3. Date Incorporated or Qualified  
**09/09/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21 P.O. Box 15396**

**26 P.O. Box 15396**

4. FEI Number

**59-3404545**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

City & State

City & State

**23 TALLAHASSEE, FL**

**28 TALLAHASSEE, FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

**24 32317**

**25 USA**

**29 32317**

**30 USA**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TADLOCK, TERRY  
9503 BOYKIN ROAD  
TALLAHASSEE FL 32311**

81 Name

**GREG MCKENDREE**

82 Street Address (P.O. Box Number is Not Acceptable)

**6818 WALDEN CIRCLE**

83

84 City

**TALLAHASSEE**

**FL**

85 Zip Code  
**32311**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Greg McKendree*

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

(NOTE: Registered Agent signature required when reinstating)

**4/28/97**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME

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STREET ADDRESS

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CITY-ST-ZIP

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TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

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6.1 TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

7.1 TITLE ☐ Change ☐ Addition

NAME

7.2 NAME

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TITLE ☐ DELETE

8.1 TITLE ☐ Change ☐ Addition

NAME

8.2 NAME

STREET ADDRESS

8.3 STREET ADDRESS

CITY-ST-ZIP

8.4 CITY-ST-ZIP

TITLE ☐ DELETE

9.1 TITLE ☐ Change ☐ Addition

NAME

9.2 NAME

STREET ADDRESS

9.3 STREET ADDRESS

CITY-ST-ZIP

9.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*Greg McKendree*

**SCC 6-20-97**

**(904) 487-9191**

CR2E037 (9/96)