

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004666

1. Entity Name

SONRISE COMMUNITY CHURCH OF TALLAHASSEE, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90033 016 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 15396
TALLAHASSEE FL 32317

P.O. BOX 15396
TALLAHASSEE FL 32317-5396

2. Principal Place of Business

306 W. Horseshoe Rd.

3. Mailing Address

306 W. Horseshoe Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3404545

Applied For

Not Applicable

Zip

Country

32311 USA

Zip

Country

32311 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKENDREE, GREG
6818 WALDEN CIRCLE
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name

Robert Frizzell

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

306 W. Horseshoe Rd.

City

Tallahassee

FL

Zip Code

32311

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.

SIGNATURE

Robert Frizzell
Robert FRIZZELL, TRUSTEE & TREASURER

4/14/00

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
Department of State

10. OFFICERS AND DIRECTORS

TADLOCK, TERRY
9503 BOYKIN RD.
TALLAHASSEE FL 32311

FRIZZELL, ROBERT
306 N. HORSESHOE RD.
TALLAHASSEE FL 32311

MCKENDREE, GREG
6818 WALDEN CIRCLE
TALLAHASSEE FL 32311

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

FRIZZELL, ROBERT
306 W. HORSESHOE RD.
TALLAHASSEE, FL 32311

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: *Robert Frizzell* DIRECTOR Robert FRIZZELL 4/14/00 (850) 878-7427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)