

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006860

1. Entity Name

SONRISE CHRISTIAN COMMUNITY CHURCH, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90050 009 ****61.25

Principal Place of Business 1403 SE 16TH PLACE CAPE CORAL FL 33990	Mailing Address 1403 SE 16TH PLACE CAPE CORAL FL 33990-3818
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0804648	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ROTONDI, ANTHONY 1403 SE 16TH PLACE CAPE CORAL FL 33990
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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	
TITLE	<input type="checkbox"/> Delete
NAME	ROTONDI, ANTHONY
STREET ADDRESS	1403 SE 16TH PLACE
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	<input type="checkbox"/> Delete
NAME	WELCH, KELLY
STREET ADDRESS	1403 SE 16TH PLACE
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	<input type="checkbox"/> Delete
NAME	WELCH, PAUL
STREET ADDRESS	1403 SE 16TH PLACE
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<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	

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: Kelly Welch 4/19/00 941 573 1483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)