

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004608

1. Corporation Name

SON RISE MINISTRIES OF FLORIDA, INC.

Principal Place of Business

4047 MARY KATHRYN CIR.
PANAMA CITY FL 32405

Mailing Address

653 W. 23RD ST., BOX 173
PANAMA CITY FL 32405

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90099 050 ****61.25

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2. Principal Place of Business

21 **1109 Yale Ave**

2a. Mailing Address

26 Suite, Apt. #, etc.

22

27

23 City & State

Panama City, FL

28 City & State

24 Zip Country

32405

29 Zip Country

30

3. Date Incorporated or Qualified

08/06/1998

4. FEI Number

59-3531357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

STOCKDALE, JAMES J
1106 EMORY DR.
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name **Stockdale, James J**

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

1109 YALE AVE

83

84 City **Panama City**

FL

85 Zip Code
32405

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

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

(NOTE: Registered Agent signature required when reinstating)

1/21/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **STOCKDALE, JAMES J**
STREET ADDRESS **1105 EMORY DR.**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ DELETE

NAME **STOCKDALE, SHEILA**
STREET ADDRESS **1105 EMORY DR.**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ DELETE

NAME **HINSON, BILL**
STREET ADDRESS **4047 MARY KATHRYN CIR.**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ DELETE

NAME **WOODALL, CARL**
STREET ADDRESS **771 S. LONGWOOD CIR.**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ DELETE

NAME **HINSON, SANDY**
STREET ADDRESS **4047 MARY KATHRYN CIR.**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ DELETE

NAME **MOORE, JERRY**
STREET ADDRESS **2218 COUNTRY CLUB HARBOR**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **STOCKDALE, JAMES J**
1.3 STREET ADDRESS **1109 YALE AVE**
1.4 CITY-ST-ZIP **PANAMA CITY FL 32405**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Stockdale Sheila**
2.3 STREET ADDRESS **1109 YALE AVE**
2.4 CITY-ST-ZIP **PANAMA CITY FL 32405**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

James J. Stockdale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99
Date

850 785 6137
Daytime Phone #

CR2E037 (11/98)