

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004608

1. Entity Name

SON RISE MINISTRIES OF FLORIDA, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90134 008 ****61.52

Principal Place of Business

1109 YALE AVENUE
PANAMA CITY FL 32405

Mailing Address

653 W. 23RD ST., BOX 173
PANAMA CITY FL 32405-3922

2. Principal Place of Business

530 AIRPORT RD.

3. Mailing Address

PO BOX 726

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Panama City, FL.

City & State
Panama City, FL.

4. FEI Number

59-3531357

Applied For

Not Applicable

Zip

32405

Country

USA

Zip

32402

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

STOCKDALE, JAMES J
1109 YALE AVENUE
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

Name

BILL HINSON

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

4647 MARY KATHRYN CIRCLE

City

Panama City

FL

Zip Code

32405

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	STOCKDALE, JAMES J	
STREET ADDRESS	1109 YALE AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOCKDALE, SHEILA	
STREET ADDRESS	1109 YALE AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINSON, BILL	
STREET ADDRESS	4047 MARY KATHRYN CIR.	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODALL, CARL	
STREET ADDRESS	771 S. LONGWOOD CIR.	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINSON, SANDY	
STREET ADDRESS	4047 MARY KATHRYN CIR.	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, JERRY	
STREET ADDRESS	2218 COUNTRY CLUB HARBOR	
CITY-ST-ZIP	LYNN HAVEN FL 32444	

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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)