

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004608

1. Entity Name

SON RISE MINISTRIES OF FLORIDA, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90343 016 *****61.25

Principal Place of Business

530 AIRPORT ROAD
PANAMA CITY FL 32405

Mailing Address

P O BOX 726
PANAMA CITY FL 32402

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3531357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINSON, BILL
4047 MARY KATHRYN CIRCLE
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 checked="" 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 |
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| 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

William T. Hinson 850 763 5345

Date

Daytime Phone #

CR2E037 (10/00)