

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004608

FILED
Mar 16, 2004
Secretary of State**Entity Name:** SON RISE MINISTRIES OF FLORIDA, INC.**Current Principal Place of Business:**530 AIRPORT ROAD
PANAMA CITY, FL 32405**New Principal Place of Business:****Current Mailing Address:**P O BOX 726
PANAMA CITY, FL 32402**New Mailing Address:**PO BOX 368
LYNN HAVEN, FL 32444**FEI Number:** 59-3531357**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HINSON, BILL
4047 MARY KATHRYN CIRCLE
PANAMA CITY, FL 32405**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: STOCKDALE, JAMES J
Address: 1109 YALE AVENUE
City-St-Zip: PANAMA CITY, FL 32405**Title:** D () Delete
Name: STOCKDALE, SHEILA
Address: 1109 YALE AVENUE
City-St-Zip: PANAMA CITY, FL 32405**Title:** D () Delete
Name: HINSON, BILL
Address: 4047 MARY KATHRYN CIR.
City-St-Zip: PANAMA CITY, FL 32405**Title:** D () Delete
Name: HINSON, SANDY
Address: 4047 MARY KATHRYN CIR.
City-St-Zip: PANAMA CITY, FL 32405**Title:** D () Delete
Name: MOORE, JERRY
Address: 2218 COUNTRY CLUB HARBOR
City-St-Zip: LYNN HAVEN, FL 32444**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T HINSON

PRES

03/16/2004

Electronic Signature of Signing Officer or Director

Date