

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707805

Entity Name: SONRISE WORSHIP CENTER, INC.**Current Principal Place of Business:**600 LEVY ROAD
ATLANTIC BEACH, FL 32233**Current Mailing Address:**600 LEVY ROAD
ATLANTIC BEACH, FL 32233**FEI Number:** 59-3696312**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STALLWORTH, SANFORD LEON
1035 TOLKIEN LANE
JACKSONVILLE, FL 32225 US*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:** SANFORD LEON STALLWORTH

03/13/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name STALLWORTH, SANFORD LEON
Address 1035 TOLKIEN LANE
City-State-Zip: JACKSONVILLE FL 32225

Title VPD
Name COBBLE, BOBBY J
Address 2477 WEST END COURT
City-State-Zip: ATLANTIC BEACH FL 32233

Title CO-TRUSTEE
Name FURST, ARTHUR NONE
Address 13922 SHIPWRECK CIR. N.
City-State-Zip: JACKSONVILLE FL 32224

Title ST
Name STALLWORTH, CATHERINE ELIZABETH
Address 1035 TOLKIEN LANE 423
City-State-Zip: JACKSONVILLE FL 32225

Title TR
Name COBBLE, RITA
Address 2477 WEST END COURT
City-State-Zip: ATLANTIC BEACH FL 32233

Title TRUSTEE
Name PETERS-HODGE, VERONICA
Address 1035 TOLKIEN LANE
City-State-Zip: JACKSONVILLE FL 32225

I hereby 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 all other like empowered.

SIGNATURE: SANFORD LEON STALLWORTH**PRESIDENT/DIRECTOR**

03/13/2020

Electronic Signature of Signing Officer/Director Detail

Date