

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005585

FILED
Aug 14, 2009
Secretary of State

Entity Name: SOZO MINISTRIES, INCORPORATED

Current Principal Place of Business:

6131 TERRY ROAD
JACKSONVILLE, FL 32216

New Principal Place of Business:

123 MAGNOLIA BLUFF AVE
JACKSONVILLE, FL 32211

Current Mailing Address:

PO BOX 8643
JACKSONVILLE, FL 32239

New Mailing Address:

FEI Number: 59-3688408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MAILLET, ELYETTE C
6131 TERRY RD
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

MAILLET, ELYETTE C
5800 BEACH BLVD # 203-349
JACKSONVILLE, FL 32207 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: ELYETTE-CLAIRE MAILLET

08/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ELLIS, SHARON E
Address: 3442 VICTORIA PARK ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: T () Delete
Name: MAILLET, PATRICK P
Address: 5800 BEACH BLVD #203
City-St-Zip: JACKSONVILLE, FL 32207

Title: P () Delete
Name: MAILLET, ELYETTE C
Address: 6131 TERRY RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Delete
Name: MAILLET, P. ELIE
Address: 6131 TERRY RD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: AMSTUTZ, JOHN R
Address: 5800 BEACH BLVD # 203-349
City-St-Zip: JACKSONVILLE, FL 32207

Title: P (X) Change () Addition
Name: MAILLET, ELYETTE C
Address: 5800 BEACH BLVD # 203-349
City-St-Zip: JACKSONVILLE, FL 32239

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ELYETTE MAILLET

P

08/14/2009

Electronic Signature of Signing Officer or Director

Date