2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N05000011489

Entity Name: SOZO WORLDWIDE MINISTRIES, INC.

Current Principal Place of Business:

240 DATURA STREET
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

240 DATURA STREET
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 41-2187901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, LEWIS S APOSTLE
240 DATURA STREET
PENSACOLA, FL 32503 US

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:	BROWN, LEWIS S APOSTLE	
Address:	240 DATURA STREET	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	D	( ) Delete
Name:	BROWN, DENISE R MIN.	
Address:	240 DATURA STREET	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	D	( ) Delete
Name:	ANDREWS, KENNEDY PASTOR	
Address:	515 MAGNOLIA	
City-St-Zip:	BEAUMONT, TX 77701	
Title:	D	( ) Delete
Name:	WATKINS, JANIS PASTOR	
Address:	8121 N CENTURY BLVD	
City-St-Zip:	CENTURY, FL 32535	
Title:	D	( ) Delete
Name:	ABRAMS, SPENCER	
Address:	224 MARIGOLD DRIVE 02-201	
City-St-Zip:	PENSACOLA, FL 32506	
Title:	D	( ) Delete
Name:	SMITH, CARLA D MIN.	
Address:	4861 CREIGHTON ROAD	
City-St-Zip:	PENSACOLA, FL 32504	

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
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 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: LEWIS BROWN DIR 04/14/2009

Electronic Signature of Signing Officer or Director — Date