


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90092 038 ****61.25

DOCUMENT # 740169					
1. Entity Name SONSHINE VIA DE CRISTO MOVEMENT, INC.					
Principal Place of Business 254 CURTISS PKY MIAMI SPRINGS, FL 33166			Mailing Address 254 CURTISS PKY MIAMI SPRINGS, FL 33166		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1789554	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRATT, JOE 12435 SW 31 ST MIAMI, FL 33175			Name <u>Beverly Kovach</u> Street Address (P.O. Box Number is Not Acceptable) <u>709 Curtiss Pkwy #12</u> City <u>Miami Springs</u> FL <u>33166</u>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Beverly Kovach</u>		<u>Beverly Kovach</u>		DATE <u>3/4/07</u>	
Signature, typed or printed name of registered agent and title if applicable.		NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRATT, JOE		NAME	Armbrust, Donald	
STREET ADDRESS	254 CURTISS PKWY		STREET ADDRESS	1845 NW 93 Way	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166		CITY-ST-ZIP	Plantation, Fl 33322	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, MARY		NAME	Pratt, Joe	
STREET ADDRESS	1140 NE 169 TER		STREET ADDRESS	12435 SW 31 St	
CITY-ST-ZIP	NO. MIAMI BEACH, FL 33162		CITY-ST-ZIP	Miami, Fl 33175	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, D. JEAN		NAME	Kovach, Beverly	
STREET ADDRESS	7625 SW 159 TER		STREET ADDRESS	254 Curtiss Pkwy	
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP	Miami Springs, Fl 33166	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Beverly Kovach</u>		<u>Beverly Kovach</u>		DATE <u>3/4/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>305-460-8547</u>	

40033437



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