2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# F08000000410

Entity Name: SOMEONE TO CARE INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

2654 ROBIN HOOD LN
BONIFAY, FL 32425

New Principal Place of Business:

1705 PIONEER RD
CHIPLEY, FL 32428

Current Mailing Address:

1222 WEST COLLEGE
NORMAL, IL 61761

New Mailing Address:

2654 ROBIN HOOD LN
BONIFAY, FL 32425

FEI Number: 37-1392529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUNNINGHAM, SHIRLEY J
2654 ROBIN HOOD LN
BONIFAY, FL 32425 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:	P	( ) Delete
Name:	CUNNINGHAM, SHIRLEY J	
Address:	2654 ROBIN HOOD LN	
City-St-Zip:	BONIFAY, FL 32425	
Title:	V	( ) Delete
Name:	MCCLELLAND, SANDRA	
Address:	505 WALDEN RD	
City-St-Zip:	DEFUNIAK SPRINGS, FL	
Title:	S	( ) Delete
Name:	POLHEMUS, SANDRA	
Address:	425 N. PEKIN LN	
City-St-Zip:	HANNACITY, IL 61536	
Title:	T	( ) Delete
Name:	CUNNINGHAM, SAMUEL H	
Address:	2654 ROBIN HOOD LN	
City-St-Zip:	BONIFAY, FL 32425	

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:	

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: SHIRLEY J CUNNINGHAM P 02/03/2009

Electronic Signature of Signing Officer or Director — Date