

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000000410

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** SOMEONE TO CARE INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

1705 PIONEER RD  
CHIPLEY, FL 32428

**New Principal Place of Business:**

**Current Mailing Address:**

2654 ROBIN HOOD LN  
BONIFAY, FL 32425

**New Mailing Address:**

**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  
Name: CUNNINGHAM, SHIRLEY J  
Address: 2654 ROBIN HOOD LN  
City-St-Zip: BONIFAY, FL 32425

Title: V  
Name: MCCLELLAND, SANDRA  
Address: 505 WALDEN RD  
City-St-Zip: DEFUNIAK SPRINGS, FL

Title: S  
Name: CUNNINGHAM, SAMUEL H  
Address: 2654 ROBIN HOOD LN  
City-St-Zip: BONIFAY, FL 32433

Title: T  
Name: CUNNINGHAM, SAMUEL H  
Address: 2654 ROBIN HOOD LN  
City-St-Zip: BONIFAY, FL 32425

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: REV SHIRLEY J CUNNINGHAM

P

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date