2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

SIGNATURE:

Mar 31, 2004 8:00 am Secretary of State DOCUMENT # N00000003090 1. Entity Name 03-31-2004 90038 038 ****61.25 S.O.S. MINISTRIES, INC. Mailing Address Principal Place of Business P.O. BOX 16712 CLEARWATER FL 33766-6712 2077 DREW STREET 94040713 CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address 2074 SUNSET Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3644816 CLEARWATEN Not Applicable Zin Country \$8.75 Additional 33765 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GORDON, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 2077 DREW STREET CLEARWATER FL 33765 Zip Code **3968&** TARDON SPRINGS 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** FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Change ☐ Delete TITLE ☐ Addition SCHADT, MICHAEL NAME NAME 1312 WINDING CREEK RD. 2074 SUNSET POINT RD, #137 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-7IP CITY-ST-7IP CLEARWATEN, FL 33765 TITLE Delete TITLE Change ☐ Addition SCHADT, SANDRA C NAME NAME 1312 WINDING CREEK RD. STREET ADDRESS STREET ADDRESS 2074 SUNSET POINT RO., #137 PALM HARBOR FL 34683 CITY-ST-7IP CITY-ST-7IP CLEARWATER, FL 33765 VĎ TITLE ☐ Delete Change ☐ Addition TITLE GORDON, MICHAEL NAME NAME 2926 MAGNOLIA TRACE STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34688 CITY-ST-7IP City-St-ZIP TITLE Change ☐ Delete TITLE ☐ Addition DEBOER, SCOTT NAME NAME 18812 MARRY LANE 18812 MERRY LANE LUTZ, FL 33549 STREET ADDRESS STREET ADDRESS LUTZ FL 33546 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition LAWDERMILK, SHERYL NAME NAME 1158 KAPOK GRAND CIRCLE STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33708 CITY-ST-ZIP CITY- ST- ZIP 31260 (5FL TITLE Delete TITLE DIRECTOR ☐ Change **X**Addition NAME NAME RICHARD AKIN STREET ADDRESS STREET ADDRESS 2338 STAG RUN BLUD. CITY-ST-7/P CITY-ST-ZIP CLEARWATER, FL 33765 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

OFFICER OR DIRECTOR

MICHART. GORDON VO

FILED