

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000003090

1. Entity Name
S.O.S. MINISTRIES, INC.



Principal Place of Business
2074 SUNSET PT RD
137
CLEARWATER, FL 33765

Mailing Address
P.O. BOX 16712
CLEARWATER, FL 33766-6712

DO NOT WRITE IN THIS SPACE



04152005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3644816

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, MICHAEL J
2926 MAGNOLIA TRACE
TARPON SPRINGS, FL 34688

**DO NOT WRITE
IN THIS SPACE**

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: *Michael J. Gordon* MICHAEL J. GORDON - V.P. 4-15-05
(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000315182
04/19/05-80024-024 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHADT, MICHAEL
STREET ADDRESS 2074 SUNSET POINT RD # 137
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE SD
NAME SCHADT, SANDRA C
STREET ADDRESS 2074 SUNSET POINT RD # 137
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE VD
NAME GORDON, MICHAEL
STREET ADDRESS 2926 MAGNOLIA TRACE
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE VD
NAME DEBOER, SCOTT
STREET ADDRESS 18812 MERRY LANE
CITY-ST-ZIP LUTZ, FL 33549

TITLE D
NAME AKIN, RICHARD
STREET ADDRESS 2338 STAG RUN BLVD
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

Michael J. Gordon MICHAEL J. GORDON 4/15/05 727-631-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #