2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000003090

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

Principal Place of Business	Mailing Address
2074 SUNSET PT RD # 137 CLEARWATER, FL 33765	P.O. BOX 16712 CLEARWATER, FL 33766-6712

DO NOT WRITE IN THIS SPACE

02202006 No Chg-NP CR2E037 (11/05)

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

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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/CHAIRMAN 2/20/06
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, 2006

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

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	16812 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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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: Michael J. Gordon MICHAEL J. GORDON/CHAIRMAN 2/20/06 727-631-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #