

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90003 012 ****61.25

DOCUMENT # N00000005585

1. Entity Name

SOZO MINISTRIES, INCORPORATED**LA**

Principal Place of Business

**2361 CORTEZ ROAD
JACKSONVILLE FL 32246**

Mailing Address

**P O BOX 54405
JACKSONVILLE FL 32245**

2. Principal Place of Business

6131 Terry ROAD

3. Mailing Address

6131 Terry Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

59-3688408

Applied For

Not Applicable

32216

Country

Duval

Zip

32216

Country

Duval5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAILLET, ELYETTE C
8667 HEATHER RUN DR SO
JACKSONVILLE FL 32256**

Name:

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

ELYETTE C. MAILLET**7/10/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BOHANNAN, JACQUELINE S	
STREET ADDRESS	141 BELLE FOREST CIR	
CITY-ST-ZIP	NASHVILLE TN 37221	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CAIN, JOHN W	
STREET ADDRESS	6131 TERRY ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARSON, LARRY E	
STREET ADDRESS	49 SANDRA ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32250	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MAILLET, PATRICK P	
STREET ADDRESS	8667 HEATHER RUN DR S	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MAILLET, ELYETTE C	
STREET ADDRESS	8667 HEATHER RUN DR S	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

ELYETTE C. MAILLET 7/10/01 9014-5368405